2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900003412 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name MEJICO EXPRESS INC. 08-08-2000 90016 008 ***550.00 Principal Place of Business Mailing Address 2212 BEVERLY BOULEVARD 2212 BEVERLY BOULEVARD LOS ANGELES CA 90057 LOS ANGELES CA 90057 2. Principal Place of Business 3. Mailing Address 14849 Firestone Blvd 14849 Firestone Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State La Mirada, CA La Mirada. 4. FEI Number Applied For 95-4339171 Not Applicable Country Los Angeles Country Los Angeles ^{Zip} 90638 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE TALLAHASSEE FL 32303 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ■ Addition PTD TITLE Delete LEON, JOSE F NAME NAME STREET ADDRESS STREET ADDRESS 24842 EARLS CT. CITY-ST-ZIP CITY-ST-ZIP CALABASAS CA 91302 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **REYNOSO, GUILLERMO** NAME NAME STREET ADDRESS STREET ADDRESS 2212 BEVERLY BLVD. CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90057 TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X7 SENATURE NO TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

7/28/00

714-690-8300 x 437

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Daytime Phone #