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May 20, 2000 8:00 am
Secretary of State

05-20-2000 90007 036 ***150.00

B0091665

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005970

1. Entity Name

DE LA HACIENDA TROPICAL FRUITS, S.A. DE C.V.

Principal Place of Business	Mailing Address
C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134	C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES FL 33134-5237

2. Principal Place of Business		3. Mailing Address	
2505 N.W. 74th Ave.		2505 N.W. 74th Ave.	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33122	Country: Miami-Dade	Zip: 33122	Country: Miami-Dade

4. FE Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City FL 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) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PCP NAME: PENICHE LARREA, MARIA DEL PILA STREET ADDRESS: CALLE 17-A NO. 91-K, DEPTO. AX 8 Y 10 CITY-ST-ZIP: MERIDA, YUCATAN, MEXICO ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S NAME: PENICHE LARREA, ELDA MARIA STREET ADDRESS: CALLE 17-A NO. 91-K, DEPTO. AX 8 Y 10 CITY-ST-ZIP: MERIDA, YUCATAN, MEXICO ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: X ______ 30/Mayo/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~Maria del Pilar Peniche Larrea, President/Director~~