FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91148 021 ***150.00

DOCUMENT # J17099

1. Entity Name
Monison Pallets, Inc.

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5420 NW 37 AVE	Suite, Apt. #, etc. SAME
City & State Miami, Fl	City & State
Zip 33142 Country USA	Zip Country

4. FEI Number — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is 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)

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME VICTOR CARRASCAL STREET ADDRESS 365 NW 121 CT CITY-ST-ZIP Miami Fl, 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SECRETARY NAME MANILA Vazquez STREET ADDRESS 3101 NW 2 ST CITY-ST-ZIP Miami Fl, 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treasurer NAME GEH VASQUEZ STREET ADDRESS 1615 NW 8 Terrace CITY-ST-ZIP Miami Fl, 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date