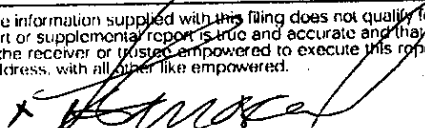


FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 021 ***150.00

DOCUMENT # 577099 ✓ 1. Entity Name Monison Pallets, Inc.			
2. Principal Place of Business Suite, Apt. #, etc. 5420 NW 37 AVE City & State Miami, FL Zip 33142 Country USA		3. Mailing Address Suite, Apt. #, etc. SAME City & State City Country Zip	
4. FEI Number		Applied Fee 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 reconstituting)			
11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT NAME VICTOR CARRASCAL STREET ADDRESS 365 NW 121 ST CITY - ST - ZIP MIAMI FL 33182		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE SECRETARY NAME MARILYN Vazquez STREET ADDRESS 3101 NW 2 ST CITY - ST - ZIP MIAMI FL 33125		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE TREASURER NAME GEN Vazquez STREET ADDRESS 1615 NW 8 TERRACE CITY - ST - ZIP MIAMI FL 33125		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/02			

CR2E034B (12/01)