CR2E034 (10/02)

FILED

2003 FOR PROFIT CORPORATION

Feb 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBP Secretary of State** K50937 DOCUMENT # 1. Entity Name 02-28-2003 90132 038 ***150 00 CYPRESS TRADING COMPANY, INC. Principal Place of Business Mailing Address 2975 NW 77TH AVE 2975 NW 77TH AVE MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0124472 Not Applicable Zip Country Zip Country \$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 ternando CARBALLO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 2975 NW 77TH AVE. 975 NW 77 AVE **MIAMI FL 33122** City MIAMI 8. The above named entity submits this se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen FERNANDO R. VILA SIGNATURE Signature, typed or printed name of regi (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME RODRIGUEZ-VILA, FERNANDO NAME STREET ADDRESS 2975 NW 77TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE DVP ☐ Delete TITLE NAME SUGRANES, ROSA NAME STREET ADDRESS 2975 NW 77TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete === THLE __ Change__ - __ Addition-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attacified with an appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP