2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # L00125 1. Entity Name S. & A. INTERNATIONAL, INC 03-22-2000 90179 007 ***150.00 Mailing Address Principal Place of Business % ROBERTO L. ARELLANO % ROBERTO L. ARELLANO 7901 N.W. 67TH ST. 7901 N.W. 67TH ST. MIAMI FL 33166-2632 MIAMI FL 33166 บร 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0132095 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERRANO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7907 N.W. 67TH STREET MIAMI FL 33166 Zip Code 8. The above passed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed a printed, on a of registered eyent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE TITLE Delete SERRANO, ENRIQUE NAME NAME 14912 SW 139 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE SERRANO, FERNANDO NAME 14745 SW 147 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE SERRANO, IUETTE A. NAME NAME STREET ADDRESS .14745_SW_147_CT_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE

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.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

NAME

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TITLE NAME

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