2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # L1734 EST EXPORT & IMPORT, IN					05-19-2003	90225 ()29 ***	150.00	
Principal Place of Business 9981 SW 146TH COURT MIAMI FL 33186-2914 US		Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053 US								
2. Principal Place of Business		3. Mailing Address				* (281(81) 841 1181(1898)) 132 8(24)	191 at 211 4191	1 4121) 8121)	DIDEL DIRECTOR	
Suite, Apt. #, etc.		Suite, Apt, #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number 65-0150112			Applied For Not Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status (\$8.75 Additional Fee Required			7
	6. Name and Address of Current	Registered Agent			7.	Name and Address of Now Reg	istered A	ent		╛
			Name						1	
ALAYON, 9981 SW	148TH COURT		Street Address			Box Number is Not Acceptable)				
MIAMI FL	33186-2914				•					
		•		City			FL	Zip Co	de	1
	named entity submits this statement follows of registered agent.	the purpose of changing its	register	ed office or reg	gistered aç	gent, or both, in the State of Florid	a. I em far	niliar with	, and accept	7
SIGNATURE	**			<u> </u>					— <u>—</u> —	
<u> </u>	Signature, typed or printed name of registered agent a	and rine is abbacasole" (MOLE		d Agent signature re	equired when r	einstating)	DATE			-{
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				Election Campaign Finan Trust Fund Contribution.	cing []	\$5.0 Adde	00 May Be ed to Fees	
10,	OFFICERS AND				A	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	3S IN 11	┥
TITLE	PTD		Detete TITLE			22.10.10,011.1022.10.10.100		Change	☐ Addition	ଷ୍ଟି
NAME	SABOGAL, GUILLERMO		NAM	:					_	5
"STREET ADDRESS CITY-ST-ZIP	3400 CORAL WAY, S-600 MIAMI FL 33186	T		ET ADORESS -ST-ZIP						CR2E034 (10/02)
TITLE NAME	VS	☐ Deletta	TITLE				[Change	Addition	2 2 2 3
STREET ADDRESS	ALAYON, HERBERT 9981 SW 146TH COURT		STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186-2914	☐ Delete	-	-ST-ZIP					- Addition	-
TITLE NAME	ARATO, NEUDA		NAMI						Addition	
STREET ADDRESS CITY-ST-ZIP	400 CORAL WAY #600 NAMI FL 33145-3053			et address St-Zip		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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NAME			NAME							
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CITY-ST-ZIP		•		ST-ZIP	• .					
STITLE		☐ Delete	TITLE) Change	Addition	1
'name Street address		•	NAME STREE	T ADDRESS					I	1
CITY-ST-ZIP			CITY	ST-ZIP	<u> </u>					
indicated of the con	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an addgees, w	true and accurate and that m wered to execute this report a	v sionatı	ire chall have :	the same I	disc robou Abem it se tootle lene	· that I am .	an officer	or director	