2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State L94474 DOCUMENT # 1. Entity Name 05-15-2002 90113 006 ***150.00 FINCA EL CARRETERO, INC. Principal Place of Business Mailing Address 1005 S.W. 87TH AVE. 1005 S.W. 87TH AVE. MIAMI FL 33174-3208 MIAMI FL 33174-3208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0301191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MESA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 3421 S.W. 117TH COURT **MIAMI FL 33175** Zip Code City FL 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE MESA. FERNANDO NAME NAME 3421 S.W. 117TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ST ☐ Delete TITLE MESA, JORGE NAME NAME 14045 SW 30TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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)(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.

SIGNATURE:

CITY-ST-ZIP

NATURE RECJORGE MESA-PRESIDENT TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

305-266-0575

FILED

Daytime Phone #