FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State DOCUMENT #"L9900003762 1. Entity Name 05-28-2002 90725 047 ****50.00 ZONAL INTERNACIONAL, L.L.C. Principal Place of Business Mailing Address 10248 N.W. 57TH ST. 10248 N.W. 57TH ST. MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 8298 NW 68 St. 68 St. 8298 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0933224 Hiami Mignie Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired IJ_\$A... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 6 ERARDO VARGAS GERARDO, VARGAS Street Address (P.O. Box Number is Not Acceptable) 10248 N.W. 57TH ST. **MIAMI FL 33178** Zip Code 7166 City 8. The above named entity submits this statement for the purpose of changing its register stered agent, or both, in the State of Florida GERARDO Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE HERM Change Addition NAME VARGAS, GERARDO VARGAS, GERARDO NAME STREET ADDRESS 10248 NW 57TH ST. STREET ADDRESS 8298 NW 685t CITY-ST-7IP MIAMI FL 33178 CITY-ST-ZIP Hiomi, FL 33166 TITLE MGR ☑ Delete TITLE MGR Change ☐ Addition NAME CORDOVA, ALICIA VARGAS, MARIA NAZLY NAME STREET ADDRESS 10248 N.W. 57TH ST. STREET ADDRESS 68 St. 8298 NW CITY-ST-ZIP MIAMI FL 33178 CITY-ST-7IP Hiomi FL TITLE MGR Delete TITLE MGR ☐ Change **Addition** NAME CORDOVA, ALICIA NAME CORDOBA, ALICIA STREET ADDRESS 10248 NW 57TH ST. 68 St. 8298 NW STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** Hiomi, FL MGRM CITY-ST-ZIP TITLE ☐ Delete TITLE VARGAS, WINSTON X Addition NAME NAME 9351 FOUNTAINBLEAD BLVD, NOT: B-412 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33172 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERARDO VARGAS PRE CESCO STORE DE CONTROL DE