2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # M24049 1. Entity Name TERMAR IMPORT AND EXPORT INCORPORATED Principal Place of Business Mailing Address 10360 SW 92 STREET MIAMI FL 33176 US 7630 WEST FLAGLER STREET MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2605046 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANA, MARCOS L. Street Address (P.O. Box Number is Not Acceptable) 10360 S.W. 92ND ST. MIAMI FL 33166 City Zio Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD THE F Delete TITLE Change ☐ Addition NAME SANTANA, MARCOS L MAME U000000041446 STREET ADDRESS 10360 S.W. 92ND ST. STREET ADDRESS 02/03/04-80089-024 150.00 CITY-ST-ZIP MIAMI FL CHTY-SI-ZIP ST 7133 F ☐ Defete TITLE Change ☐ Addition NAME SANTANA, MARIA T. NAME STREET ADDRESS 10360 S.W. 92ND ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY - ST-ZIP TITLE Defete स्थार ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-SE-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 037Y-ST-78P Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mle ME Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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 tegal 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

FILED