UNIFORM BUSINESS REPORT (UBR) UMENT # M31028 Name & E. IMPORT & EXPORT, INC.								FILED May 31, 2000 8:00 am Secretary of State 05-31-2000 90040 017 ***150.00						
168 S.E. 1ST MIAMI FL 33131 US						:								
2. Principal P	lace of Business		3. Mailing Address	,		-								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 59-2670463								
City & State			City & State			4. FEI Number NOT-APPLICABLE Applied For Not Applicable]	
Zip Country		y I	Zip Cour		ntry 5		Certificate o	f Status D	esired		\$8.75 Ad Fee Require	Iditional	1	
· · · · · · · · · · · · · · · · · · ·	6. Name and Add	ress of Current Re	gistered Agent		Name	7. N	Name and A	ddress o	f New R	egistered	Agent		-	
GARCIA, MILTOR R					Street Address	(P.OB	ox Number	is Not Aco	eptable)==	<u></u>			
432 BINCIANA ISL DR N MIAMI BEACH FL 33160							•		<u> </u> 				-	
				ŀ	City					FL	Zip Coc	de	1	
	Signature, typed or printed nan	sfy its Intangible	FILE NOW	/!!! FEE I	•	ad when re	T	tion Camp	aign Fin	DATE			-	
Tax filing r (See criter			After MAY 1, 20 Make Check Paya	ble to De	•			Fund Co			Adde	d to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Garcia, Ernesti 168 se 1st Miami Fl	<u>officers and dii</u> NA	CTORS		T ADDRESS ST- ZIP	AD	DITIONS/C	HANGES		CERS AND	D DIRECTOF	Addition	CR2E034 (9/99)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete GARCIA, MILTON R. 168 SE 1ST MIAMI FL				T ADDRESS ST-ZIP						Change	Addition	- BO	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	T GARCIA, MILTON 168 S.E. 1ST - MIAMI: FL	D. ′	Delete		T ADDRESS ST-ZIP						Change	Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARCIA, ANABEL 168 S.E. 1ST MIAMI FL	Υ.	Delete		T ADDRESS ST-ZIP						Change	Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			Delete		T ADDRESS ST-ZIP						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Celete		T ADDRESS ST- ZIP				<u>.</u>		Change	Addition		
indicated of the cor	on this report or supple poration or the receiver	emental report is tru r or trustee empower	is filing does not qualify four the and accurate and that it ared to execute this report all other fike empowered	my signatu t as require	ure shall have the	same l	legal effect	as if made	under o ny name	ath; that h appears i	am an office	r or director		
SIGNAT		IRE AND TYPED OF PRIN	TED NAME OF SIGNING OFFICER	OR DIRECTO	DR		5/or f	00 Date	30	15-2	359-	<u> 3801</u>		