2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State **DOCUMENT # M41734** AMERICAN WAREHOUSE SUPPLY, INC. 05-07-2001 90034 045 ***150.00 Mailing Address Principal Place of Business C/O MARCIA B. CABALLERO 6508 MW 82 AVENUE 2450 S.W. 137 AVE.. #221 MIAMI FL 33166. MIAMI FL 33175 415us 2. Principal Place of Business 3. Mailing Address 1211 N.W. 93rd COURT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State MIAMI, FLORIDA City & State 4. FEI Number 59-2737421 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 33172 Fee Required US 7. Name and Address of New Registered Agent Name MARTINEZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 6508 NW 82ND AVE **MIAMI FL 33166** Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. ☐ Addition PST Delete TITLE TITLE MARTINEZ. ANTONIO MARTINEZ, ANTONIO NAME NAME 6508 NW 82ND AVE STREET ADDRESS 1211 N.W. 93rd COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 MIAMI, FLORIDA 33172 CITY-ST-7IP **C**hange ☐ Addition TITI F ☐ Delete TITLE MARTINEZ, ANTONIO NAME MARTINEZ, ANTONIO NAME 6508 NW 82ND AVE STREET ADDRESS 1211 N.W. 93rd GOURT STREET ADDRESS MIAMI FL 33166 CITY - ST - ZIP CITY-ST-ZIP MIAMI FLORIDA 33172 Change Addition TITLE Delete . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DITE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/61 905-477-9090