FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State M41734 DOCUMENT # 1. Entity Name 05-03-2002 90051 043 ***150.00 AMERICAN WAREHOUSE SUPPLY, INC. Principal Place of Business Mailing Address 1211 NW 93RD COURT C/O MARCIA B. CABALLERO MIAM! FL 33172 2450 S.W. 137 AVE., #221 MIAMI FL 33175 2. Principal Place of Business 1225 N.W. 93 COYAT DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2737421 MIAMI FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ. ANTONIO Street Address (P.O. Box Number is Not Acceptable) 6508 NW 82ND AVE MIAM! FL 33166 1225 N.W. 93 COYAT Zip Code 33172 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Martinez Antonio MARTINEZ: ANTONIO NAME NAME 1211 NW 93RD COURT 🗸 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP MIAMI, FL 33172 TITLE ☐ Delete TITLE **Change** ☐ Addition martinez, Antonio NAME MARTINEZ, ANTONIO NAME STREET ADDRESS 1211 NW 93RD COURT / STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP MIAMI, FL. 33172 Delete ~ TIT) F NAME MARTINEZ CASILDA 1225 NIW. 93 COURT MIAMI, FL. 33172 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Daytime Phone #