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SECRETARY
TALLAHASSEE

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M93200 (7)

1. Corporation Name
ARROW DISTRIBUTOR, IMPORT & EXPORT, INC.

Principal Place of Business:
% PEDRO G. FUENZALIDA
11383 S.W. 110TH LANE
MIAMI FL 33176

Mailing Address:
% PEDRO G. FUENZALIDA
11383 S.W. 110TH LANE
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1988
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0065781 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Pedro Fuenzalida
22 Suite, Apt. #, etc.: 9425 SW 136 St
23 City & State: Miami FL. 33176
24 Zip: 33176 25 Country: U.S.A.

2a. Mailing Address
26 9425 SW 136 St.
27 Suite, Apt. #, etc.:
28 City & State: Miami FL 33176
29 Zip: 33176 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
FUENZALIDA, PEDRO G.
11383 S.W. 110TH LANE
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name: Pedro G Fuenzalida
82 Street Address (P.O. Box Number is Not Acceptable): 9425 SW 136 St
83
84 City: Miami FL FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Pedro G Fuenzalida President 06/30/95 —

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FUENZALIDA, PEDRO G. 11383 S.W. 110TH LANE MIAMI FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Pedro G Fuenzalida 9425 SW 136 St Miami FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FUENZALIDA, IRMA M. 2712 PONCE DE LEON CORAL GABLES FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Irma Miranda 8249 NW 36 th #200 Miami FL 33166.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pedro G Fuenzalida President 06/30/95 4702457 305 2340772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0183378 CP