FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P00000001737 DOCUMENT # 1. Entity Name 05-20-2002 90102 037 ***150.00 LABELS & SIGNS ENTERPRISES, CORP. Mailing Address Principal Place of Business 6991 NW 82 AVE 6991 NW 82 AVE #5 MIAMI FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 8320 NW 85T 8320 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 415 Applied For: 4. FEI Number ty & State 65-0976071 Not Applicable \$8,75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERRERO **GUERRERO, HORACIO** 8290 LAKE DRIVE #231 MIAMI FL 33166 33/26 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE . (NOTE: Registered Agent signature required when reinstating e, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 Change TITLE ☐ Delete NAME **GUERRERO, HORACIO** STREET ADDRESS 8290 LAKE DRIVE #231 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **GUERRERO, HUGO** NAME STREET ADDRESS STREET ADDRESS 1450 W 68TH STREET #B CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . ■ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME 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 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #