2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

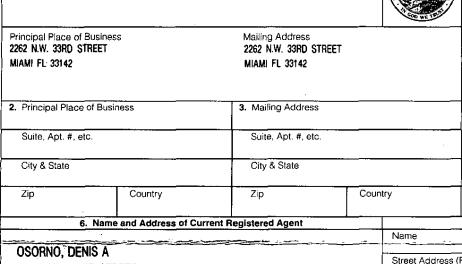


05-12-2003 90214 037 ***150.00

FILED

May 12, 2003 8:00 am Secretary of State

DOCUMENT # I. Entity Name "APICERIA "NICARAO",	P00000019160 INC.	
		COD WE



		CHECK HERE IF MAKING CHA	
4.	FEI Number	65-1022521	Applied For

65-1033521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2262 N.W. 33RD STREET MIAMI FL 33142

	City	 		FL	Zip Code	
_		 		 		

В.	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.	I am familiar with, and accept
	the obligations of registered agent.	

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition OSORNO, DENIS A NAME NAME 2262 N.W. 33RD STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition OSORNO, MARGARITA NAME NAME 2262 N.W. 33RD STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment w

SIGNATURE:

Date Daytime Phone #