2002 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2002 8:00 am Secretary of State DOCUMENT # P00000046743 1. Entity Name 08-07-2002 90184 045 ***550.00 PEXCO LATIN AMERICA, INC. Principal Place of Business Mailing Address 9400 SOUTH DADELAND BLVD. 9400 SOUTH DADELAND BLVD. SUITE 300 SUITE 300 **MIAMI FL 33156** MIAMI FL 33156 - <u>- - - -</u> 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1020367 Not Applicable Zip Country Zip Country \$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 WOLASKY, MARJORIE E ESQ. Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD SUITE 300 MIAMI FL 33156 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 -10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 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 NAME MEDEROS, OSCAR J NAME STREET ADDRESS 6850 SW 81ST TERRACE STREET ADDRESS CUTY-ST-ZIP **MIAMI FL 33143** 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAKE may a by and of the first account and a first STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13.1 hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee en

changed, or on an attachment with an

08/05/02

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered.

(305) 665-9597

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