2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

May 01, 2003 8:00 am Secretary of State P00000060335 DOCUMENT # 05-01-2003 90315 001 ***150.00 1. Entity Name L.J.V. LTDA IMPORT-EXPORT, INC. Principal Place of Business Mailing Address 7255 NW 68TH STREET 7255 NW 68TH STREET SUITE 17 SUITE 17 MIAM! FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-1044835 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARGAS, LUIS JESUS Street Address (P.O. Box Number is Not Acceptable) 7372 N.W. 12 STREET, SUITE 205 MIAMI FL 33126 7255 N.W H T80 City Mismi 8. The above named antity 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Depertment of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLÉ TITLE ☐ Delete VARGAS, LUIS JESUS NAME NAME 7372 N.W. 12 STREET, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME vargas, Javier STREET ADDRESS STREET ADDRESS 7372.N.W. 12.STREET, SUITE 205_ CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33126 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE □ Delete TIBLE ☐ Change NAME NAME

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 attack nent with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

FILED