2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 10, 2001 08:00 AM DOCUMENT # P0000068203 Entity Name **Secretary of State** CASTILLA & ARAGON DISTRIBUTORS, INC. Principal Place of Business Mailing Address 3955 NORTHWEST 4TH TERRACE 3955 NORTHWEST 4TH TERRACE FL FL 33126 33126 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 65-1029252 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ RODOLFO NUNEZ 114 MENOR AVENUE Street Address (P.O. Box Number is Not Acceptable) 2496 SW 17TH AVE APT. 3 CORAL GABLES FLAPT. 5213 33134 US City Zip Code MIAMI 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. MIREYA NUNEZ 09/10/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MIREYA MAME NUNEZ. NAME 3955 NW 4 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Delete VD TITLE VD X Change ☐ Addition NAME FANTOY ALINA NAME FANTRY ALINA STREET ADDRESS 690 CHELSEA RD. STREET ADDRESS 690 CHELSEA RD. LONGWOOD CITY-ST-ZIP FL 32750 CITY-ST-ZIP LONGWOOD FL32750 Delete TITLE VP X Change ☐ Addition NUNEZ MARIETTA NAME NUNEZ MARIETTA STREET ADDRESS 114 MENOR AVENUE APT. 3 STREET ADDRESS 2496 SW 17TH AVENUE #5213 CITY-ST-ZIP CORAL GABLES \mathbf{FL} 33134 CITY-ST-ZIP МІАМІ FL. 33145 ☐ Delete TITLE **X** Change ☐ Addition RODOLFO NUNEZ NUNEZ. NAME MIREVA STREET ADDRESS 114 MENOR AVENUE APT. 3 STREET ADDRESS 3955 NW 4 TERRACE CITY-ST-ZIP CORAL GABLES 33134 CITY-ST-ZIP МІАМІ 33126 FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: MIREYA NUNEZ P 09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #