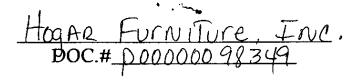
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000098349 Hogar Furniture ; Int. FILED Principal Place of Business 01 DEC 31 PH 12: 12 5929 S. University Dr. SECRETARY OF STATE Davil FL 33328 TALLAHASSEE, FLORIBA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE / T City & State Applied For City & State 4. FEI Number Not Applicable Zip Country 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 Flavio E. Figueroa 5929 S. University Dr. Davil, TL 33328 Street Address (P.O. Box Number is Not Acceptable) Zio Code FL 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. racero SIGNATURE OUT 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be Tex filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE PIVISITID Delete TITLE ☐ Change Addition FIGUIO E. FIGUEROC. 5929 S. University or. -500004761235-STREET ADDRESS STREET ADDRESS -01/09/02--01022--001 CITY-ST-ZIP Davil, #L 33728 CITY-ST-ZP ***4350.00 ****150.0 TITLE Delete TILE Change Addition HULE NA.E STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP me Delete TITLE ☐ Change ☐ Addition NAME: MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP IIILE C Outlebe TITLE Change Addition WE STREET ADDRESS STREET ADDRESS CTTY-ST-ZEP CITY-ST-ZP ☐ Debate Change ☐ Addition NAME: MAE STREET ACCEPESS STREET ADDRESS CITY-ST-78 CITY-57-70P TIDE ☐ Detate TILE ☐ Change ☐ Addition **** MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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 suppliemental 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. FLANT FIGURET SIGNATURE AND TYPED OR PROSTED HAVE OF SIGNANG OFFICER OR DIRECTOR SIGNATURE:



TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Flabio E Figueroa

PRESIDENT