2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P01000001817** 1. Entity Name MELÁN'S IMPORT EXPORT, CORP. 04-29-2004 90222 043 ***150.00 Principal Place of Business Mailing Address 8224 WEST FLAGER STREET 1417 WEST FLAGER STREET MIAMI, FL 33135 MIAMI, FL 33144 3. Mailing Address Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-1068396 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name and Address of New Registered Agent MELAN MOLINA, JHON JAIRO 4422 SW 129 PLACE MIAMI, FL 33175 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 ag - - - -SIGNATURE Signature, typed or printed n (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. hu Molina THON Tairo Change TITLE ☐ Delete ☐ Addition MELAN MOLINA, JHON JAIRO NAME 11331 SW 150TH AVENUE 8810 FonTaineableau BRyd + 103 STREET ADDRESS STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Delete TITLE 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE ☐ Change Addition 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 frustee 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 with an address, with all other like empowered.

ICER OR DIRECTOR

Daytime Phone #