FILED

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P01000006238 1. Entity Name 04-10-2002 90440 044 ***150 00 L.A.G. PLASTIC CONTAINERS, INC. Principal Place of Business Mailing Address 1731 WEST 56TH TERRACE 1731 WEST 56TH TERRACE HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 167[W・ Principal Place of Business 1071 W. 38 1403 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 1403 1403 Applied For City & State City & State FEI Number alear tia leah Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired **オラ0/2** 33012 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENENDEZ, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 1731 WEST 56TH TERRACE HIALEAH FL 33012 Zip 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) MIRIAM MENENDEZ 1671 W. 38 PL # 1403 TITLE TITLE ☐ Addition **⊠** Delete RODRIGUEZ, LUIS D NAME NAME STREET ADDRESS 1731 WEST 56TH TERRACE STREET ADDRESS Hialeah #1, 33012 HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP RODRIGUEZ, LUIS D ✓ Delete TITLE Change ☐ Addition TITLE NAME MENENDEZ. MIRIAM NAME 1671 W. 38 DL #1403 STREET ADDRESS STREET ADDRESS 1731 WEST 56TH TERRACE Hialeah Fl 33012 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME 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

SIGNATURE:

changed, or on an attachme

IRIAM MENENDEZ INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered