FILED
Jun 19, 2002 8:00 am
Secretary of State
05-21-2002 91163 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111651

1. Entity Name

D. G. International Production, Inc.

DO NOT WRITE IN THIS SPACE

36005

2. Principal Place of Business: 10014 Hammocks BLVD
Suite, Apt. # etc: #202-4
City & State: Miami, FL.
Zip: 33196 Country:

3. Mailing Address: 10014 Hammocks BLVD.
Suite, Apt. # etc: #202-4.
City & State: Miami, FL.
Zip: 33196. Country:

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4. FEI Number: 65-1157650.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Juan M. Valencia
Street Address (P.O. Box Number is Not Acceptable): 10014 Hammocks BLVD. #202-4
City: Miami FL 33196

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be added to fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Valencia Juan M	NAME	
STREET ADDRESS	10014 Hammocks BLVD #202-4	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33196	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Sandoval Lily M.	NAME	
STREET ADDRESS	16344 SW 97 ST	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33196	CITY-ST-ZIP	
TITLE	Delete: Secretary.	TITLE	
NAME	Sandoval Lily M	NAME	
STREET ADDRESS	16344 SW 97 ST	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33196.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/01/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR