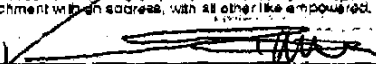


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 010 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100011737			
1. Entity Name DANICO IMPORT-EXPORT INC.			
Principal Place of Business 3014 NW 66TH STREET MIAMI, FL 33166		Mailing Address 3014 NW 66TH STREET MIAMI, FL 33166	
2. Principal Place of Business 13263 NW 7 TERRACE Suite, Apt. #, etc.		3. Mailing Address 13263 NW 7 TERRACE Suite, Apt. #, etc.	
City & State Miami, FL	City & State Miami	4. FEI Number 65-1154743	Applied For ☐ Not Applicable
Zip 33182	County Dade	Zip 33182	County Florida
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KNEZ, ROLANDO 3014 NW 66TH STREET MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 agent.	
SIGNATURE Signature, typed or printed name of registered agent and title (if applicable)		DATE	
FILING FEE \$150.00 May 1, 2003 9:00 AM to 5:00 PM Miami-Dade County, Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PTD KNEZ, ROLANDO 3014 NW 66TH STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP VS KNEZ, JESUS ROLANDO 3014 NW 66TH STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 609, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.			
SIGNATURE: 		4/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	

CR2003 (10/02)