DOCUMENT	Γ# 50100011E		RT (UB	<u> </u>	May 2	FIL 8. 20		:00 ar
A ≥ beginner €	Γ# P010001158	87U 			Secre	etary	of S	tate
VIZCAYA EX	PORT & IMPORT	CORP.	1 /			•	6 034 ***1	
	,							
Principal Place of Busine	ess .	Mailing Address						
	1							
			,					
I. Principal Place of Bus	race T	3. Mailing Address						
8880 S?W? 67th Court		8880 S.W. 67th Court						
Suite. Apr. # letc		Suite Apt # etc			DO NOT WE	RITE IN THIS	SPACE	
City & State Miami, Florida		City & State Miami, Florida		4.	FEI Number	·	· · · · · · · · · · · · · · · · · · ·	abred For
	Country	Miami, Florid 33156-1700	Country		Continue d'Ora - Decembre		\$8.75 Ad	et Applicate 9
33156-1700	USA   ne and Address of Current Re		USA		Certificate of Status Desired  Name and Address of New		Fee Require	
0. IVBII	The arid Address of Current Ne	gistered Agent	Name		, MARIA GRACIA		Agent	
			Street A		Box Number is Not Acceptate W. 6/th Court		· ·-	
-				0000 3.	w. Ofth Court			
			City	Miami.	ţ=	FI	7.c.Ce9	5-1700
Tre above named en	tity submits this statement for the	he purpose of changing its	registered office o				- [33150	b-1/00
	ed or arrited name of registered agent and igible to satisfy its Intangible	interface (NOTE	. Registered Agent signa		enstating)	CATE		
		After May 1, 200		-	10. Election Campaign F	_		<b>00</b> May Be
Tax filing requirement (See criteria on back	nt and elects to do so.	After May 1, 200 Make Check Payab	2 Fee will be S	550.00 nt of State	Trust Fund Contribut	tion.	Adde	d to Fees
Tax filing requirement (See criteria on back	nt and elects to do so.	Make Check Payab	2 Fee will be \$ le to Department 12.	550.00 nt of State		tion.	O DIRECTOR	d to Fees
Tax filing requirement (See criteria on back 1.	at and elects to do so.	Make Check Payab	D2 Fee will be S le to Departmen  12.  TITLE  NAME	550.00 nt of State  AC  P/T/D  DELGAD	Trust Fund Contribut DOITIONS/CHANGES TO CO  O, MARIA GRACIA	FFICERS AN	Adde	d to Fees RS IN 11
Tax filing requirement (See criteria on back)  11.  ITUE  IAME  IRREST ADDRESS	at and elects to do so.	Make Check Payab	D2 Fee will be S le to Departmen 12.	550.00 nt of State P/T/D DELGAD 8880 S	Trust Fund Contribut  DOITIONS/CHANGES TO CO  O, MARIA GRACI  .W. 67th Court	FFICERS AN	O DIRECTOR	d to Fees RS IN 11
Tax filing requirement (See criteria on back 11.  ITUE (AME STREET ADDRESS CITY ST-ZIP	at and elects to do so.	Make Check Payab	12. TITLE NAME STREET ADDRESS	P/T/D DELGAD 8880 S Miami,	O, MARIA GRACIA W. 67th Court Florida 33156	FFICERS AN	O DIRECTOR	d to Fees
Tax filing requiremen (See criteria on back  1.  ITUE  AME  FREET ADDRESS  CTY+ST-ZIP  ITUE  JAME	at and elects to do so.	Make Check Payab RECTORS Delete	D2 Fee will be S le to Departmen  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN,	Trust Fund Contribut DOITIONS/CHANGES TO CO O, MARIA GRACIA .W. 67th Court Florida 33156	FFICERS AN	O DIRECTOR	d to Fees RS IN 11
Tax filing requirement (See criteria on back III.  TITUE (AME STREET ADDRESS COTTY-ST-ZIP)  TITUE (AME STREET ADDRESS COTTY ADDRESS COTTY ST-ZIP)	at and elects to do so.	Make Check Payab RECTORS Delete	D2 Fee will be S le to Departmen  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	O, MARIA GRACIA W. 67th Court Florida 33156	FICERS AN	O DIRECTOR	d to Fees RS IN 11
Tax filing requirement (See criteria on back II.  ITUE (AME )  ITUE (A	at and elects to do so.	Make Check Payab RECTORS Delete	D2 Fee will be S le to Departmen  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS -CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	O DIRECTOR	d to Fees RS IN 11
Tax filing requirement (See criteria on back II.  TITLE FAME STREET ADDRESS OFFICE ADDRESS	at and elects to do so.	Make Check Payab RECTORS  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS TOTTY-ST-ZIP  TITLE NAME STREET ADDRESS	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder	d to Fees  IS IN 11  Addaer  Addaer
Tax filing requirement (See criteria on back)  11.  ITUE  (AMIE  (FREET ADDRESS)  (TY - ST - ZIP  ITUE  (AME  (FREET ADDRESS)  (TY - ST - ZIP  ITUE  (AME  (FREET ADDRESS)  (TY - ST - ZIP  (TUE)  (AME  (FREET ADDRESS)  (TY - ST - ZIP  (TUE)  (AME  (TY - ST - ZIP  (TY - ST - ZIP	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	O DIRECTOR Change Change	d to Fees  SIN 11  Addisor  Addisor
Tax filing requirement (See criteria on back 11.  ITUE (AMIE ) ITREET ADDRESS (CITY-ST-ZIP )  ITUE (CITY-ST-ZIP )  ITUE (CITY-ST-ZIP )  ITUE (CITY-ST-ZIP )  ITUE (CITY-ST-ZIP )	at and elects to do so.	Make Check Payab RECTORS  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS TOTTY-ST-ZIP  TITLE NAME STREET ADDRESS	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder	d to Fees  IS IN 11  Addaer  Addaer
Tax filing requirement (See criteria on back 11.  ITUE  (AMIE  (A	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	O DIRECTOR Change Change	d to Fees  RS IN 11  Addition  Addition
Tax filing requiremen (See criteria on back)  11.  ITUE  AME  FREET ADDRESS  OTY - ST - ZIP  ITUE  ITU	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	O DIRECTOR Change Change	d to Fees  RS IN 11  Addition  Addition
Tax filing requiremen (See criteria on back  1.  ITUE  AME  FREET ADDRESS  ITY+ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITUE  IAME	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete  Delete	12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder DIRECTOR Change Change Change	S IN 11  Addacr  Addacr  Accept  Accept
Tax filing requiremen (See criteria on back  1.  ITUE  AME  FREET ADDRESS  ITY+ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  FREET ADDRESS  ITY-ST-ZIP  ITUE  IAME  ITREET ADDRESS	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder DIRECTOR Change Change Change	S IN 11  Addacr  Addacr  Accept  Accept
Tax filing requirement (See criteria on back 11.  ITUE  (AMIE  (A	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder DIRECTOR Change Change Change	S IN 11  Addison  Addison  Addison
Tax filing requirement (See criteria on back III.  ITTLE (AME STREET ADDRESS CITY - ST - ZIP CITLE (AME ST - ZIP CITY -	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S	Trust Fund Contribution Contribution Contribution Contribution Contribution Court Florida 33156  BOB .W. 67th Court	FICERS AN	Adder DIRECTOR Change Change Change Change	d to Fees  IS IN 11  Addaer  Addaer  Addaer  Addaer
Tax filing requirement (See criteria on back 11.  TITLE STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DI	Make Check Payab  RECTORS  Delete  Delete  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADCRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S Miami,	DOITIONS/CHANGES TO CO O, MARIA GRACIA .W. 67th Court Florida 33156 BOB .W. 67th Court Florida 33156-	1700 -1700	Adder DIRECTOR Change Change Change Change	d to Fees  IS IN 11  Addisor  Addisor  Addisor
Tax filing requirement (See criteria on back)  11.  ITUE  CAME  FREET ADDRESS  CITY-ST-ZIP  ITUE  ITUE	at and elects to do so.	Make Check Payab  RECTORS  Delete  Delete  Delete  Delete  Delete  Delete	D2 Fee will be S le to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	P/T/D DELGAD 8880 S Miami, VP/S/D ROSEN, 8880 S Miami,	ODITIONS/CHANGES TO CO O, MARIA GRACI. W. 67th Court Florida 33156  BOB W. 67th Court Florida 33156-	FICERS AND A -1700 -1700	Adder  Adder  DIRECTOR  Change  Change  Change  Change	SIN 11  Addace  Addace  Addace  Addace  Addace  Addace  Addace