

DOCUMENT # P01000116141

AROS EXPORT COMPANY, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90450 006 ***150.00

Principal Place of Business

422 NW 82ND AVE
MIAMI FL 33166

Mailing Address

1422 NW 82ND AVE
MIAMI FL 33166

Principal Place of Business

3. Mailing Address

State: FL # 000

State: FL # 000

City & State

City & State

City

Country

Zip

Country

4. FEJ Number

65-1156979

Added For

Added For

6. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PB&A FINANCIAL SERVICES, CORP.

13935 NW 1TS AVE
MIAMI FL 33168

Street Address (P.O. Box Number & Not Addressable)

City

FL

Zip Code

The above named entity has this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of current registered agent and state of address

NOTE: Registered Agent signature required after 1/1/03.

Date

9. This corporation is required to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on page 1)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contributor

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP FERNANDEZ, AIDA 1422 NW 82ND AVE MIAMI FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP Alexandra Malvar 1422 NW 82 AVE. Miami, FL 33166 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	UP Aida Fernandez 1422 N.W. 82 AVE Miami, FL 33126 ☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add

SIGN
& FILE

13. I hereby certify that the information supplied
 is correct to the best of my knowledge and
 belief, and that the signature of the person
 who signed this statement is the signature of the
 person who signed this statement.

I hereby certify that the information supplied in Section 11 and 12 is correct to the best of my knowledge and belief, and that the signature of the person who signed this statement is the signature of the person who signed this statement.

SIGNATURE: Alexandra Malvar

SIGNATURE AND NAME OF REGISTERED AGENT