FILED
Jun 25, 2003 8:00 am
Secretary of State
05-05-2003 90113 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052217 (L)

1. Entity Name

ARISON GENERAL EXPORT IMPORT & DISTRIBUTION INC

DO NOT WRITE IN THIS SPACE

55049844 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Street Address, Apt. #, etc. 109 600 LAYNE BLVD.	Suite, Apt. #, etc. P.O. BOX 850558
City & State HALLADALE FLORIDA	City & State HALLANDALE FLORIDA
Zip 33009 Country FLORIDA	Zip 33008-5058 Country

4. FEI Number 02-0593120 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ISHA COHEN

Street Address (P.O. Box Number is Not Acceptable) 600 LAYNE BLVD Suite 109

City HALLANDALE FL Zip Code 33009

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: Isaac cohen 6/23/2003

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ISAAC COHEN 600 LAYNE BLVD SUITE 109 HALLANDALE FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Isaac cohen ISAAC COHEN 04-28-003 954 458 2063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #