FILED

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

Sep 11, 2003 8:00 am Secretary of State P02000070469 DOCUMENT # 09-11-2003 90093 008 ***550.00 1. Entity Name M C S IMPORT & EXPORT GROUP, INC. Principal Place of Business Mailing Address 3578 SW 51 ST 3578 SW 51 ST FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For Not Applicable _Country___ _Country Zip_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 3578 SW 51 ST FT LAUDERDALE FL 33312 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 --9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (4/03) TITLE TITLE ☐ Delete ☐ Addition RODRIGUEZ, CAROLINA NAME NAME CR2E034 3578 SW 51 ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition SERRUYA, MARIO NAME 3578 SW 51 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME:= STREFT ADDRESS STREET ADDRESS CITY-ST-ZIF CITY~ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if

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