FILED 2003 FOR PROFIT CORPORATION Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P02000108863 **DOCUMENT #** 02-14-2003 90202 026 ***158.75 1. Entity Name LOS ALMENDROS PASO FINO FARM R.B. CORP. Mailing Address Principal Place of Business 19930 SW 136TH ST 19930 SW 136TH ST MIAMI FL 33186 **MIAMI FL 33186** 3. Mailing Address 168th St 2. Principal Place of Business 12040 SW CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable FLorioa City & State MIAMI \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required vSA Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. Henendez Street Address (P.O. Box Number is Not Acceptable) EMILIO, MENENDEZ E 5/th Place # B4 1300 W 47TH ST 118 33012 HIALEAH FL 33012 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 agistered age (NOTE: Registered Agent signature required when reinstating) SIGNATURE agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$15000 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICE S AND DIRECTORS 11. Emilio E Henen Dez yile President 585 W 51th Place # B.4 10. TITLE Delete NAME STREET ADDRESS STREET ADDRESS HIALEAN FL 33012 CITY-ST-ZIP CITY-ST-ZIP President TITLE ☐ Delete Rocolfo Blanco Jr TITLE NAME MIAMILLAKE FL NAME STREET ADDRESS 8990 NW 148 TR STREET ADDRESS CITY-ST-ZIP TRESURY & Secretary ___ Change _ Addition CITY-ST-ZIP TITLE Delete = 8990 NW 148 TR. Mismi Lake FL 33018 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Addition CITY-ST-ZIP Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition CITY-ST-ZIP Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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 received 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 changed, or on an attachment with an aderest, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE MATTER OF PENTED NAME OF SIGNING OFFICER OR DE

STREET ADDRESS

2-12-202 786-229-7842