2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2003 8:00 am Secretary of State

04-28-2003 91472 032 ***155.00 P02000114061 DOCUMENT # 1. Entity Name ADREMOS DISTRIBUIDOR CORP 5504**6**066 Principal Place of Business Mailing Address 12621 SW 143 LN 12621 SW 143 LN MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business
13631 SW 143 LN. Mailing Address W143 LN Sulte, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For Not Applicable Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent RIVERA, HECTOR H 12621 SW 143 LN MIAMI FL 33186 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required Wilco.nemsta FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RIVERA, HECTOR H STREET ADDRESS 12821 SW 143 LN STREET ADDRESS CITY- ST- 7P CITY-ST-7IP **MIAMI FL 33186** TITLE TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP TITLE TITLE ☐ Change Delete_ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Deleta TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TM F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i), Florida Statutes. I Jerther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the samelyagal effect as it 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 page appears in Block 10 or Block 11 in

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

May 8, 2003

ADREMOS DISTRIBUIDOR CORP 12621 SW 143 LN MIAMI, FL 33186

Subject: ADREMOS DISTRIBUIDOR CORP

Reference Number: P02000114061

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$155.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.