200	1 UNIFORM BUSI	FILED									
DOCUMENT # P93000007468						May 21, 2001 8:00 am Secretary of State					
М.	C.V. AMERICAN TRAD	E, INC.		l	_		5-21-2001 90	•			
Principal Pla	ace of Business	Mailing Address									
7965 NW 33 STreet 7965 NW 33 S				eet		000	00056				•
Miam	331	22			68653						
2. Principal											
		Suite, Apt. #, etc.				DO NOT HERE IN THE SOURCE					
Suite, Apt	ι. #, etc. ,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	ste	City & State				4. FEI Number	FEI Number. Applied For 65–0383727 Not Applicable				
Zip	Country	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					1
	6. Name and Address of Current R	egistered Agent				7. Name and Addr	ess of New Reg			0	} .
	TANO METTA			Name		<b>-</b> ' - ' '				**	]
ULPIANO MEJIA   7965 NW 33 STreet				Street Address (P.O. Box Number is Not Acceptable)							
Miami, F1. 33122											
		City FL Zip Code						е			
8. The above	e named entity submits this statement for t	he purpose of changing its	registere	d office or	registered	agent, or both, in the	he State of Floric	ia.			
SIGNATURE	Signature, typed or printed name of registered agent and	tittle il applicable. (NOTE	Registered	J Agent signatur	e required wh	en reinstating)		DATE		· ·	
	oration is eligible to satisfy its Intangible	FILE NOW!	! FEE	IS \$150.0	0						1
Tax filing	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Stat			50.00	te 10. Election Campaign Financing \$5.00 May Be Added to Fees					
11.	OFFICERS AND DI	RECTORS	12.			ADDITIONS/CHAN	IGES TO OFFICE				=
NAME PSD	MEJIA, ULPIANO	7965 NW 33 Street		TITLE NAME STREET ADDRESS		•			Change	Addition	10/00
STREET ADDRESS											CR2E034 (10/00)
CHY-ST-ZIP	Miami, F1. 33122	☐ Delete	CITY-	ST-ZIP	·	•			Change	Addition	RZEC
NAME		L. Delete	NAME					L	_] Change	Addition	5
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CITY - ST - ZIP				ST-ZIP					7.0		]
TITLE NAME		☐ Delete	TITLE NAME			•		. L	_ Change	☐ Addition	
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CITY-ST-ZIP	partitude the later with a second	. (0)	CiTY-5	I .			· · · · · · · · · · · · · · · · · · ·				
13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacking on the receiver of the receiv											
SIGNATURE SIGNATURE SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF DIRECTOR DATE OF D											