2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGN

NATURE

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P93000010942 04-17-2002 90038 032 ***158.75 HEMY INTERNATIONAL CORP. Principal Place of Business Mailing Address 555 E 25 ST 555 E 25 ST #111 #111 HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0387853 Not Applicable Zip Country Country \$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 SANCHEZ, HECTOR Street Address (P.O. Box Number is Not Acceptable) 7211 W. 24 AVE. . #2274 HIALEAH FL 33016 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITI F ☐ Delete TITLE SANCHEZ, HECTOR NAME NAME STREET ADDRESS 7211 W. 24 AVE. #2274 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition ☐ Change ☐ Delete TITLE NAME SANCHEZ, MARY A STREET ADDRESS STREET ADDRESS 7211 W. 24 AVE. #2274 CITY-ST-ZIP HIALEAH FL 33016 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachment with an address, with all other like empowered.

Date