2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P93000065116 1. Entity Name LIQUID ASSETS DISTRIBUTING, INC. 05-03-2001 91155 026 ***150.00 Principal Place of Business Mailing Address 7880 NW 76 AVE 7880 NW 76 AVE MEDLEY FL 33166 MEDLEY FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0440164 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 Garrido, Jorge L. GARRIDO, JORGE L Street Address (P.O. Box Number is Not Acceptable) 7880 NW 76 Avenue 2000 DOUGLAS RD. SUITE 1104 CORAL GABLES FL 33134-∦ See change of Address#7 f/Current Reg. Agent... Zip Code 33166 Medley, Florida 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution." Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIT) F X Change ☐ Addition GARRIDO, JORGE L NAME Garrido, Jorge L. 7880 NW 76 Avenue NAME STREET ADDRESS STREET ADDRESS 2600 DOUGLAS RD STE # 902 Sametra of Green CITY-ST-ZIP Medley, Fl CITY-ST-ZIP CORAL GABLES FL 33134 Change TITLE Delete TITLE □ Addition Ğarrido, Lourdes C. 7880 NW 76 Avenue NAME GARRIDO, LOURDES C NAME STREET ADDRESS 2600 DOUGLAS RD STE # 902 STREET ADDRESS Medley, Florida 33166 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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 or 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L. Gärrido/ President

04/30/01