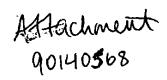
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI FILED DOCUMENT # P93000076699 1. Entity Name
LFM INT'L CORP. 03 JUL 15 AM 11: 13 SECREJARY SE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9550 N.W. 12 STREET 9550 N.W, 12 STREET UNIT 11A UNIT 11A MIANI, FL 33172 US MIANI, FL 33172 2. Principal Place of Business 3. Mailing Address SW 131 AVP 12060 SW 131 12060 Suite, Apl. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number MIAMI FL 65-0446970 MIAMI Not Applicable Zp 3 Country US A Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ USA 7. Name and Address of Now Registered Agent and Address of Current Registered Agent IRVING MOLINA MOLINA ALFARO, IRVING 9550 NW 12 STREET Street Address (P.O. Box Number is Not Acceptable) UNIT 11A MIAMI, FL 33172 12060 Sw 13/ 8. The above named entity submits this state purpose of changing its registered of registered agent of both, in the State of Florida. I am the obligations of registered ages ide i andende COVII / SE ISIS/60,000 2007 Frewil Se 1950,000 DEN FOR INSTITUTE OF STATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIRE TOLE Addition Dekte Change HAME FERRERA, CARLOS D HAME 9550 NW 12 STREET, UNIT 11A STREET ADORESS ATHEFT ADDRESS C11Y-51-2# MIAMI, FL 33172 CITY+ST -ZIP 0 PS7 TINE DPST C) Delete TITLE C (pange ☐ Addition MOUNA AIFMO IRVING NAME MOLINA ALFARO, IRVING HAME STREET ADDRESS 9550 NW 12TH STREET, UNIT 11A STREET ADDRESS 12060 SW 131 AVP MIAMI, FL 33172 CITY-51-34 COY-ST-MP 33196 MAMIL IIRE ☐ Delete THLE Change Addition HAVE MAUS STREET ADORESS STATET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TELE ☐ Change Addition STORET ADDRESS STORET ADVOCESS CHY-SI-ZP COY-50-21P TILE TITLE Delene ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-51-20 CITY-53 -71P TITLE Delete tate □ Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZP City-St-21P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florids 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 10 or Block 11 if charged, or on an attachment with an address, with all other tike empowered. SIGNATURE: BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

2/1/16



Miami, June 24, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: LFM INT'L CORP.

Doc Number P93000076699

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.

Your consideration will be greatly appreciated.

Sincerely,

Irving Molina Alfaro President 12060 SW 131 Avenue Miami, FL 33196