FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000855

1. Corporation Name: Molinexport Incorporated

Principal Place of Business	Mailing Address
6901 N W 43rd Street Miami FL 33166	6901 NW 43rd ST Miami FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12-27-1993
3a. Date of Last Report:

2. Principal Place of Business — 21: 6901 NW 43rd ST
2a. Mailing Address — 26: Same.
4. FEI Number: 65-048 0231 — ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State — 23: Miami FL.
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
Zip — 24: 33166 Country — 25: Dade.
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Javier M. Molina
15250 S.W. 111th Street
Miami FL 33196

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] — X 4-12-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/T/D.	☐ Change ☒ Addition
NAME	Javier Molina	12 NAME	Javier Molina	
STREET ADDRESS	9022 S.W 123 Court Blvd	13 STREET ADDRESS	15250 SW 111th Street	
CITY-ST-ZIP	Miami FL 33186	14 CITY-ST-ZIP	Miami FL 33196	
TITLE	D	21 TITLE	S/D	☐ Change ☒ Addition
NAME	Liliana Gomez	22 NAME	Liliana Gomez	
STREET ADDRESS	9022 SW 123 Court Blvd	23 STREET ADDRESS	15250 SW 111 Ht Street	
CITY-ST-ZIP	Miami FL 33186	24 CITY-ST-ZIP	Miami FL 33196	
TITLE	D	31 TITLE	V P / D	☐ Change ☒ Addition
NAME	Hugo Molina	32 NAME	Hugo Molina	
STREET ADDRESS	9022 SW 123 Court Blvd	33 STREET ADDRESS	13269 SW 63 ST #3	
CITY-ST-ZIP	Miami FL 33186	34 CITY-ST-ZIP	Miami FL 33183	
TITLE		41 TITLE	T/S 4/20/95	☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	000001463348	☐ Change ☐ Addition
NAME		52 NAME	-04/24/95--01060--018	
STREET ADDRESS		53 STREET ADDRESS	****200.00 ****200.00	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Javier Molina — 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #