

DOCLI	N 4 E N 1 E	# D0400013	633	KI (UBA		
DOCUMENT # P94000012633 1. Entity Name NOTH PACIFIC TRADING, INC.					FILED SECRETARY OF TALLAHASSEE,	STATE FLORIDA
					01 JUN 20 PF	01 JUN 20 PM 12: 27
Principal Plac	ce of Busines	s	Mailing Address			•
8284 NW 66th Street Miami, Fl 33166			8284 NW 66th Street Miami, Fl 33166			. •
2. Principal Place of Business		3. Mailing Address			ı	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SPACE 0	
City & State		City & State		4. FE! Number 65-0472437	Applied For Not Applicable	
Zip		Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of Nev	Registered Agent
Aguirre, Alfredo 8284 NW 66th Street					dress (P.O. Box Number is Not Accepta	ble)
Miami, Fl 33166						
				City		FL Zip Code
8. The above	named entit	y submits this statement for	the purpose of changing its	s registered office or r	registered agent, or both, in the State of	Florida.
SIGNATURE	Signature, typed	or printed name of registered agent 8	nd title if applicable. (NOT	E: Registered Agent signatur	re required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 2. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.			· · · · · · · · · · · · · · · · · · ·	III FEE IS \$150.0 000 Fee will be \$5:	En an Lampaign	Financing \$5.00 May Be
11.		П	Make Check Payal	ple to Department	※	
	 	OFFICERS AND I	Make Check Payal	ble to Department	of State	tion. Added to Fees I FFICERS AND DIRECTORS IN 11
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Thirther certify that the information indicated on this report or supplemental report is true and accurate and that my similarity 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. Floridal Statutes, and that my name appears in Block 11 or Block 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

West June 10, 2001 (301) 591 – 3813

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Tresident DIRECTOR

July 10, 2001 (305) 591-3813