2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P95000020856** 1. Entity Name MONARCH INDUSTRIAL EXPORT, INC. 01-25-2000 90077 044 ***150.00 Principal Place of Business Mailing Address 10960 HANDEL PL 10960 HANDEL PLACE **BOCA RATON FL 33498-6777 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address 9200 N. FEDERAL HWY 2200 N. FEDERAL HULL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 229- D SUITE 229 Applied For City & State 4. FEI Number 65-0562634 RATON, FLORIDA Not a \$8.75 Additional 5. Certificate of Status Desired -USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN EDVARDO GUZMAN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 10960 HANDER PL. **BOCA RATON FL 33498** CITYBOCA RATON 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 TRESIDENT IOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE Delete 2200 N. FEDERAL HWY. SWITE 229-D GUZMAN, EDUARDO A NAME NAME STREET ADDRESS STREET ADDRESS 10960 HANDEL PL BOCA RATOU FL 33431 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE GUZMAN, SHIRLEY NAME NAME 10960 HANDEL PL STREET ADDRESS STREET ADDRESS SAME AS ABOVE CITY-ST-ZIP **BOCA RATON FL** CITY-ST-7IP □ Change Addition Delete TITLE TITLE 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-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted 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 attact negativith an address, with all other like empowered. MULLICULATION EDVANDO GUZMAN 1/20/00

OP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: