UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044580

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90047 045 ***150.00

1. Entity Name

EXPRESO INTERNACIONAL ORMENO, INC.

Principal Place of Business	Mailing Address
2601 NW LEJEUNE RD MIAMI FL 33142 US	1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131-3255 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0723902 ☐ Applied ☐ Not App

5. Certificate of Status Desired ☐ **$8.75** Additiona Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGIM REGISTERED AGENTS INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

5 gnature (type or printed name of reg stered agent and title if applicable) (NOTE: Reg stered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fe

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ORMENO CABREAR, JOAQUIN U 320 ATLANTIC ROAD KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ ORMENO CABRERA, JOAQUIN U
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ORMENO MALONE, LUIS J 320 ATLANTIC ROAD KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, JULIO C 320 ATLANTIC ROAD KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS ORMENO MALONE, MERCEDES I 320 ATLANTIC ROAD KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORMENO MALONE, CECILIA M 320 ATLANTIC ROAD KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐

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 informa 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 dir 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 changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE: _____ PEDRO FORTES 4-28-00 305 416 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTY IN FACT