FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000050410

1. Corporation Name
MADE IN SPAIN, CORP

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 576 NW 114 AV.	26 576 NW 114 AV.
22 Suite, Apt. #, etc 104	27 Suite, Apt. #, etc. 104
23 City & State MIAMI FL.	28 City & State MIAMI FL
24 Zip 33172 / 25 Country USA	29 Zip 33172 / 30 Country USA

4. FEI Number 65-0602601 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JOSE A. POZO
576 NW 114 AVE. #104
MIAMI FLORIDA 33172

10. Name and Address of New Registered Agent
81 Name JOSÉ A. POZO
82 Street Address (P.O. Box Number is Not Acceptable) 576 NW 114 AVE #104
83
84 City MIAMI FL 85 Zip Code 33172

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 [signature] JOSE A. POZO JULY 12 1996
Signature, typed or printed 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	PRESIDENT	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JOSE A. POZO		1.2 NAME	JOSE A. POZO	
STREET ADDRESS	576 NW 114 AV #104		1.3 STREET ADDRESS	576 NW 114 AVE #104	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	MIAMI FL. 33172	
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	MANUELA RAMIREZ		2.2 NAME	MANUELA RAMIREZ	
STREET ADDRESS	576 NW 114 AVE #104		2.3 STREET ADDRESS	576 NW 114 AVE #104	
CITY-ST-ZIP	MIAMI FL. 33172		2.4 CITY-ST-ZIP	MIAMI FL. 33172	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: [signature] JOSE A. POZO JULY 25-96 (305) 220-3721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #