

FILED Aug 14, 2002 8:00 am Secretary of State

08-14-2002 90029 040 ***550.00

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DO	NOT	WRITE	E IN THIS	SPACE
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MIGOS EXPORT INC.

2. Principal Place of Business
11040 S.W. 154 PLACE 3. Mailing Address 8418 CORAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For MIAMI - FLORIDA MIAMI - FLORIDA 05-0594663 Not Applicable Country V.<u>S.A.</u> Zip 33196 \$8.75 Additional 5. Certificate of Status Desired U.5.A Fee Required 7. Name and Address of Current Registered Agent GUILLERMO RUECKNER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 11040 5.W. 154 PLACE MIAMI 8. The above named entity submits this statement for the purpose of changing its register office or registered agent or both, in the State of Florida. 00 January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT TITLE ENRIQUE FREUNDT NAME P.O. BOX 63014 ZIPCODE 1067A STREET ADDRESS STREET ADDRESS CARACAS - YENEZUELA CITY-ST-ZIP CITY-ST-ZIP

TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIF CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address. With all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 13,7002

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