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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000068158

1. Corporation Name
MONTUENGA BROS., INC.

Principal Place of Business	Mailing Address
9057 S.W. 157 Path Miami, FL 33196	9057 SW 157 Path Miami, FL. 33196

2. Principal Place of Business 21 9057 SW 157 Path	2a. Mailing Address 26 9057 SW 157 Path
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Miami, FL	City & State 28 Miami, FL.
Zip / Country 24 33196 / 25 USA	Zip / Country 29 33196 / 30 USA

3. Date Incorporated or Qualified 8/31/95	3a. Date of Last Report 3/25/96
4. FEI Number 65-0413608	☐ 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

~~MANUEL A. MESA, ESQ.~~
GERMAN DE BUSTOS
12365 NW 18th Street
Miami, Florida

10. Name and Address of New Registered Agent

81 Name: MANUEL A. MESA, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue
83 Suite 660
84 City: Miami FL 85 Zip Code: 33131

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 _____ MANUEL A. MESA, ESQ. 3/12/97
Signature, type 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	PD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	FERNANDO MONTUENGA		12 NAME
STREET ADDRESS	C/O 9057 SW 157 Path		13 STREET ADDRESS
CITY-ST-ZIP	Miami, FL 33196		14 CITY-ST-ZIP
TITLE	~~SD~~	☒ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	~~GERMAN DE BUSTOS~~		22 NAME
STREET ADDRESS	~~12365 NW 18 St~~		23 STREET ADDRESS
CITY-ST-ZIP	~~Miami, FL.~~		24 CITY-ST-ZIP
TITLE	VP	☐ DELETE	31 TITLE VSD ☒ Change ☐ Addition
NAME	JOSA A. MONTUENGA		32 NAME JOSE A. MONTUENGA
STREET ADDRESS	9057 SW 157 Path		33 STREET ADDRESS 9057 SW 157 Path
CITY-ST-ZIP	Miami, FL. 33196		34 CITY-ST-ZIP Miami, FL. 33196
TITLE	~~SD~~	☒ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	~~GERMAN DE BUSTOS~~		42 NAME
STREET ADDRESS	~~12365 NW 18 Street~~		43 STREET ADDRESS
CITY-ST-ZIP	~~Miami, FL~~		44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME 600002125396
STREET ADDRESS			63 STREET ADDRESS -03/27/97--01001--005
CITY-ST-ZIP			64 CITY-ST-ZIP ***165.00

CR2E034 (9/96)

14. I do 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 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: AS PRESIDENT 3/12/97 305-377-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3.26