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May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # p95000073141

1. Corporation Name
NACHO ENVIOS

[redacted]

Principal Place of Business	Mailing Address
1527 West Flagler St. Miami Florida 33135-2117	5256 N.W. 186 Street Miami Florida 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09-21-95

2. Principal Place of Business 21	2a. Mailing Address 26 5256 N.W. 186 st	4. FEI Number 65-0609138	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75
City & State 23	City & State 28 Miami Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00
Zip 24 / Country 25	Zip 29 33055 / Country 30 Dade	8. This corporation owes or has paid the current year Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Xiomara Martinez
	82 Street Address (P.O. Box Number is Not Acceptable) 5256 N.W. 186 St.
	83
	84 City Miami 85 FL 86 33055

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Xiomara Martinez 04-27-98
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change
NAME	Ignacio Zuniga		1.2 NAME	
STREET ADDRESS	5256 N.W. 186th Street		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33055		1.4 CITY-ST-ZIP	
TITLE	Vice-president, Sec, Trs	☐ DELETE	2.1 TITLE	☐ Change
NAME	Xiomara Martinez		2.2 NAME	
STREET ADDRESS	5256 N.W. 186 street		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33055		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change
NAME			4.2 NAME	400002529354
STREET ADDRESS			4.3 STREET ADDRESS	05/19/98--01069--017
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/19

14. 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 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.

04-27-98