2002 Uniform Business Report (UBR)

FILED Apr 11, 2002 8:00 am Secretary of State

DOCUMENT # P96000000407 03-12-2002 90271 046 ***150 00 1. Entity Name AREXPO CENTER CORP. Principal Place of Business Mailing Address 4623 FOREST HILL BLVD 4623 FOREST HILL BLVD 109-5 109-5 WEST PALM BEACH FL 30415 WEST PALM BEACH FL 33415 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0644406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OCGA CRISTINA ASPRIALA MILLAN, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1325 WORTHINGTON ST WEST PALM BEACH FL 33401 City WEST PAIN BEACH 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. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 ■9. This corporation is elicible to satisfy its intangible == 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. MIE Delete TITLE DEGA C ASPEILLA Change: CH2E034 (9/01 MILLAN, CARLOS NAME NAME 1325 WORTHINGTON STREET ADDRESS 1325 WORTHINGTON STREET STREET ADDRESS WEST FALM BEACH FL 33401 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-7/P Z Delete TITLE ITTLE ☐ Change Addition NANCY H. MILLAN NAME RODRIGUEZ, FANNY NAME STREET ADDRESS 1325 WORTHINGTON ST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition JAIRO JOHN CORDOBA CORTES NAME NAME STREET ADDRESS STREET ADDRESS 147 WOODLAND RD. PALM SPEING FL. 73461 CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR