UNIFORM BUSINESS REPORT (UBR)

May 19, 2001 8:00 am
Secretary of State
05-19-2001 90282 039 ***150.00

DOCUMENT # P96000007398

1. Entity Name MAC MOLTO U.S.A. INC.

Principal Place of Business	Mailing Address
2520 N.W. 97 Ave. Miami, Fl 33122	P. O. BOX 52-7322 Miami, Fl 33152

768485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2520 NW97 Ave.	P.O. Box 52-7322
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33122 Country: U.S.A.	Zip: 33152 Country: U.S.A.

4. FEI Number: 65-0670632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lita Simpson 2520 NW 97 Ave. Miami, Florida 33122	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Pedro Molto Valero 2520 NW 97 Ave. Miami, Fl 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D Antonio Molto Valero 2520 NW 97 Ave. Miami, Fl 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jose Molto-Navarro 2520 NW 97 Ave. Miami, Fl 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vicente Valls Trives 2520 NW 97 Ave. Miami, Fl 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/S Lita Simpson 2520 NW 97 Ave. Miami, Florida 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 04/09/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECIBIDO 06-04-2001 18:56 DE- A-MOLTO Y CIA SA PAG. 002