FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute.

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000016690 (5) GARZA IMPORT AND EXPORT, CORP. Principal Place of Business Mailing Address 3306 PONCE DE LEON BLVD 3306 PONSE DE LÉON BLVD CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE CORAL GABI 3. Date Incorporated or Qualified 02/22/1996 Applied For 26 9100 SW 56 65-0643530 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required & State 6. Election Campaign Financing \$5.00 May Be om Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA, MARIA Q 9100 SW 56TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regulated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CRZE034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE GARCIA, MARIA O NAME 1.2 NAME 3306 PONCE DE LEON BLVD., SUITE 250 1.3 STREET ADORESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change GARCIA MARIA NAME 9100 sw 56 st. STREET ADDRESS 2.3 SHEET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Change Addition TITLE 3.1 1 321 NAME 3.3 STALET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 STREET ADDRESS 635 FET ADDRESS /-ST-ZIP CITY-ST-ZIP

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nption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information that my signature chall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes, and that my name appears in

04-02-98 (305)2758883