2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000017345 May 16, 2000 8:00 am Secretary of State RIVERA EXPORT & IMPORT, INC. 05-16-2000 90072 041 ***150.00 Principal Place of Business Mailing Address 1005 SW 87TH AVE 1320 SW 72ND AVE MIAMI FL 33174-3208 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0646181 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVERA, SANTIAGO F Street Address (P.O. Box Number is Not Acceptable) 8101 S.W. 73RD AVENUE APT. 1 **MIAMI FL 33143** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE RIVERA, SANTIAGO F NAME STREET ADDRESS 1320 SW 72 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE . HALL, YOLANDA NAME NAME STREET ADDRESS STREET ADDRESS 1320 SW 72 AVE CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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.

SIGNATURE: > ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO RIVERA-PRESIDENT

4/24/00

305-412-1087

Daytime Phone #