2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State P96000032254 DOCUMENT # TRAPICHE RECORDS AND BOOKS, INC. 04-29-2002 90203 024 ***158.75 Mailing Address Principal Place of Business 12967 NW 9TH ST 12967 NW 9TH STREET **MIAMI FL 33182** MIAMI FL 33182 3. Mailing Address 2. Principal Place of Business ടധ 9th STREET SW STREET 1510 1510 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0739215 City & State **F** Not Applicable NAPLES FL MAPLES \$8.75 Additional Country Zip 5. Certificate of Status Desired Zip __ U.SA Fee.Required -34117.000 34117-0000 U-5.D 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ-PERERA, HILDA GONZALEZ-S. HILDA D Street Address (P.O. Box Number is Not Acceptable) 12967 NW 9TH ST 1510 SINEET 5W MIAMI FL 33182 3 Zip Code 34117.0000 NAPLES 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DIAZ-PERERA FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE DIAZ-PERERA, HILDA L GONZALEZ-S. HILDA D NAME NAME 9th SMEET SW 12967 NW 9TH ST STREET ADDRESS STREET ADDRESS 4117-0000 MIAMI FL 33182 CITY-ST-ZIP NAPLES CITY-ST-ZIP ☐ Addition Change VP Delete TITLE TITLE NELSON ZULETA NELSON, ZULETA NAME an smain sw 1510 STREET ADDRESS 12967 NW 9TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete 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-ZIP ☐ Addition Change TITLE ☐ 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 appears, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED