04/30/2002 08:14 3052733.37 ORLANDO DE ARMAS

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 031 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066719

1. Entity Name
Intercomex International, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4725 NW 72 Ave	4725 NW 72 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685749 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Mario A. Zambrana
Street Address (P.O. Box Number is Not Acceptable)
4725 N.W. 72 Ave
City: Miami FL Zip Code: 33166

DO NOT WRITE IN THIS SPACE

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 ____________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement... (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $[illegible]
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, V, S, T. Mario A. Zambrana, 4725 NW 72 Ave, Miami, Fl. 33122	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Karin Zambrana, 4725 NW 72 Ave, Miami, Fl. 33122	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/02 (305)639-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE