## **2003 FOR PROFIT CORPORATION**

1. Entity Nar	OCUMENT # P96000076002 PORTING POODS INC.						Secretary of State 01-17-2003 90065 032 ***158.75			
Principal Place 8605 S W 56 MIAMI FL 33		PO	ing Address BOX 558156 IMI FL 33255	•					<b>-</b> ,	- •
2. Principal Place of Business 10261 SW 72st			3. Mailing Address P. 0. 80 \ 565847			· · · · · · · · · · · · · · · · · · ·	# ####################################	I MADAR MUMAN MUMAN BURAK MI		}
Suit + etc. Suit + LQS			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	City & State AMI FL		City & State		FL		4. FEI Number 65-0692719		Applied For Not Applicable	
Zip 33	- Country	ISA Zip	33256	Coun	try US r	5.	Certificate of Status	Desired X	\$8.75 Ad Fee Require	Iditional ed
	6. Name and Address	7.	7. Name and Address of New Registered Agent							
ARMADA, GUSTAVO								MAdA	-	
8605 S W 58 STREET  Street Address (P.O. Box Number is Not Acceptable)										
MIAMI FL	.,33143	_			1038	1 Su	172 at	Luite	105	
<u> </u>	•	1			City 1	MAIL		F	- 1 -	33 <i>1'13</i> I
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. I am familiar with, and accept the obligations of registered agent.										
Julios										
SIGNATURE .	Signature, typed or printed name of re	egistered agent and title if ap	plicable. (NOT	E: Registere	d Agent signatur	e required when re	einstating)	DATE	7 55	
FILE NOW!!! FE IS \$150.00 After May 1, 2001 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Car Trust Fund C	npaign Financing Contribution.		OO May Be d to Fees
10.		CERS AND DIRECTO	DRS	11.		AD	L DDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	IS IN 11
TITLE NAME	VPS ARMADA, MONICA		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8605 S.W. 58 STREET MIAMI FL 33143			STRE.	ET ADDRESS - ST-ZIP					}
TITLE	PTT		□ Delete	TITLE				-	☐ Change	☐ Addition
NAME	ARMADA, GUSTAVO A	1		NAME						
STREET ADDRESS CITY-ST-ZIP	8605 S.W. 58 STREET   MIAMI FL 33143				ET ADDRESS • ST-ZIP					
TITLE		· .	☐ Delete	TITLE			+		☐ Change	☐ Addition
NAME STREET ADDRESS				NAME	ET-ADDRESS		•			_
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS				NAME STREE	ET ADDRESS					
CITY-ST-ZIP			~~~		ST-ZIP					
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				NAME STREE	T ADDRESS					
CITY-ST-ZIP		_			ST-ZIP					
TITLE	<del></del>		☐ Delete	TITLE	1		- · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS				NAME STREE	T ADDRESS					ļ
CITY-ST-ZIP				1	ST-ZIP					
12. I hereby condicated of the corporated changed,	ertify that the information su on this report or supplemen coration or the receiver or tr or on an attachment with	ported with this filing to report is true and stee empowered to address, with all of	does not qualify for accurate and that me execute this report for like empowered.	the exen ny signati as require	nption state ure shall haved by Chap	d in Section te the same l er 607, Florid	119.07(3)(i), Florida egal effect as if mad da Statutes; and that	Statutes. I further c le under oath; that t my name appears	ertify that the ir I am an officer in Block 10 or	nformation or director Block 11 if

astono RUSSILA EDPRESIDENT

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Attach Ment # \$96000076002

## VIVO FOODS INC.

## Change of Address

We have moved. Please make the following changes in your records:

## New Mailing Address

P. O. Box 565847 Miami FL 33256

New Office Location: 10261 SW 72 st Suite 105 Miami FL 33173