SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084398 (2)**

1. Corporation Name
COMERCIALIZADORA REGIONAL CENTROAMERICANA, INC.

Principal Place of Business	Mailing Address
4940 NW 72 AVE MIAMI FL 33166 US	8180 NW 36 STREET #100 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc.
27 | City & State
28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: **10/04/1996**

4. FEI Number: **65-0701620** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
AULET, CELIA N
4940 NW 72 AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PESCOD, RICHARD J STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL 33166	☒ DELETE	1.1 TITLE D 1.2 NAME Ricardo Pescod G. 1.3 STREET ADDRESS 8180 NW 36 St #100 1.4 CITY-ST-ZIP Miami, Fl 33166	☐ Change ☒ Addition
TITLE D NAME DANIELS, GILBERT W STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL 33166	☐ DELETE	2.1 TITLE D 2.2 NAME Guillermo Teran 2.3 STREET ADDRESS 8180 NW 36 St #100 2.4 CITY-ST-ZIP Miami, Fl 33166	☐ Change ☒ Addition
TITLE D NAME ATALA, EDUARDO Z STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL 33166	☐ DELETE	3.1 TITLE D 3.2 NAME Javier Francis-Mathieu 3.3 STREET ADDRESS 8180 NW 36 St #100 3.4 CITY-ST-ZIP Miami, Fl 33166	☐ Change ☒ Addition
TITLE D NAME MELO, ARTURO STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL 33166	☐ DELETE	4.1 TITLE M 4.2 NAME Celia N. Aulet 4.3 STREET ADDRESS 4940 NW 72 Ave 4.4 CITY-ST-ZIP Miami, Fl 33166	☐ Change ☒ Addition
TITLE D NAME NOGUEIRA, JORGE STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL 33166	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***550.00

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CR2E034 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Celia N. Aulet 7/17/98 305-594-7511