2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2001 08:00 AM P96000084398 DOCUMENT # 1. Entity Name **Secretary of State** COMERCIALIZADORA REGIONAL CENTROAMERICANA, INC. Principal Place of Business Mailing Address 4940 NW 72 AVE 4940 NW 72 AVE MIAMI FL MIAMI FL 33166 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0701620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AULET CELIA 4940 NW 72 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33166 US Zip Code 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 03/07/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition CELIA MAME AIILET N NAME STREET ADDRESS 4940 NW 72 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP D ☐ Delete TITLE X Change ☐ Addition NAME TERAN GUILLERMO NAME TERAN GUILLERMO STREET ADDRESS 8180 NW 36 STREET #100 STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI \mathbf{FL} 33166 CITY-ST-ZIP MIAMI FL33166 Delete TITLE D X Change ☐ Addition MELO ARTURO ARTURO NAME MELO STREET ADDRESS 8180 NW 36 STREET #100 STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI FL33166 CITY-ST-ZIP МІАМІ FL. 33166 ☐ Delete TITLE **X** Change ☐ Addition ATALA EDUARDO NAME ATALA **EDUARDO** STREET ADDRESS 8180 NW 36 STREET #100 STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI 33166 CITY-ST-ZIP MIAMI FL33166 TITLE DТ Delete TITLE DVX Change ☐ Addition DANIELS GILBERT NAME DANIELS GILBERT W STREET ADDRESS 8180 NW 36 STREET #100 STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI 33166 CITY-ST-ZIP MIAMI FL33166 ☐ Delete DS TITLE DP ☐ Addition PESCOD RICARDO NAME PESCOD STREET ADDRESS 8180 NW 36 STREET #100 STREET ADDRESS 8180 NW 36 STREET #100 CITY-ST-ZIP MIAMI 33166 CITY-ST-ZIP MIAMI 33166 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.

03/07/2001

Date

Daytime Phone #

POMA, L. EDUARDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

L. EDUARDO POMA, TREASURER 8180 NW 36 STREET #100

MIAMI, FL 33166