2003 FOR PROFIT CORPORATION

indicated on this report or supplemental rep

of the corporation or the receiver or tri changed, or on an attachment with a

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Mar 13, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P96000091382 DOCUMENT # 1. Entity Name 03-13-2003 90069 005 ***150.00 BOHIO IMPORT & EXPORT, INC. Principal Place of Business Mailing Address 777 NW 72ND AVE UNIT 1-CC-20 777 NW 72ND AVE UNIT 1-CC-20 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0707495 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA LASTRA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 777 NW 72ND AVE UNIT 1-CC-20 MIAMI FL 33126 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ... ☐ Delete TITLE ☐ Change Addition DE LA LASTRA, JOSE A NAME NAME STREET ADDRESS 690 NE 51 ST STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE , Delete . TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

nat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

a LASONA President.

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