FILED
May 30, 2002 8:00 am
Secretary of State
04-28-2002 90781 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102338

1. Entity Name

South American Sales INC

DO NOT WRITE IN THIS SPACE

90027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2742 NW 30 Way	2742 NW 30 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderdale Lakes FL	City & State: Lauderdale Lakes Florida
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. FEI Number: 65-0720455 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Larra Alex Clark

Street Address (P.O. Box Number is Not Acceptable): New Agent Michael Larra Deerfield Beach

City: 345 NW 45 Terrace Deerfield FL Zip Code: 33442

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.

New Agent Michael Larra Deerfield Beach 33442
345 NW 45 Terrace Deerfield

SIGNATURE: [signature]

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

DATE: 10/16/2002

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	President	TITLE	
NAME	Michael Larra	NAME	
STREET ADDRESS	345 NW 45 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach 33442	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael Larra — 10/16/02 — 954 731-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #