2002 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

Feb 11, 2002 8:00 am Secretary of State P97000014010 DOCUMENT # 1. Entity Name SALSA SALES CLUB INC. 02-11-2002 90205 041 ***150.00 Principal Place of Business Mailing Address 2261 W 52 ST 2261 W 52 ST UNUULU APT 201 APT 201 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 4871 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0730060 Fr MIami Not Applicable miami $U \leq A$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORRCIO DOMINGUEZ DOMINGUEZ, HARACIO Street Address (P.O. Box Number is Not Acceptable) NW 2261 W 52ST #201 HIALEAH FL 33016 Zip Code miamo 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 NOTE: Registered Agent signature required when reinstating) FILE-NOW!!!-FEE-IS-\$150,00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE () PS T HURACIO DOMINGUEZ AChange ☐ Delete TITLE HARACIO, DUMINGUEZ NAME NAME 4871 NW 114 CT STREET ADDRESS 2261 W 52 ST 201 STREET ADDRESS CITY-ST-ZIP MIami CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED