FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

Secretary of State DOCUMENT # P970000 2.5 37 05-14-2002 90271 017 ***150.00 PERUVI AN SEAFOOD IMPORT & EXPORT, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 11277 \$\overline{\text{Minimal}}\$ 161 PL. 1277 \$\overline{\text{Minimal}}\$ 161 PL. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-073 6 2 97 Not Applied For Seature 165-073 6 2 97 Not Applied For Seatu
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country 33196 Country This is a state of status Desired of Status Desired 7. Name and Address of Current Registered Agent Name ALEXIS ARNOLD RL Street Address (P.O. Box Number is Not Acceptable) City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature. Signature. Signature of printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DO NOT WRITE IN THIS SPACE Applied Fo Not Applied Street Address (P.O. Box Number is Not Acceptable) City FL Zin Code 33196 Signature. Signature. Signature of printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation #eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After May: 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State
11. OFFICERS AND DIRECTORS
TITLE P.S.T.D NAME ALEXTS ARNOLD ALVA NAME
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CITY-ST-ZIP Minni, FL 33196 CITY-ST-ZIP
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13. I hereby certify that the informatich 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:

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4/9/02

(305) 984868