2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE

Apr 04, 2003 8:00 am Secretary of State P97000035477 DOCUMENT # 1. Entity Name 04-04-2003 90154 023 ***150.00 ALICIA TAPIA INC. Principal Place of Business Mailing Address 15230 SW 146TH STREET 15230 SW 146TH STREET MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0792014 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 TAPIA, ALICIA Street Address (P.O. Box Number is Not Acceptable) 15230 SW MATH STREET MIAMI FL 33196 8. The above named entity submits this statement for the purpose of changing its reg registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. Added to Fees Make Check Payable to Florida Department of State PREDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TAPIA, JORGE E. ☐ Addition TITLE Delete TITLE TAPIA, JORGE E 15236 SW 146 ST NAME NAME 15230 SW 146 ST STREET ADDRESS STREET ADDRESS MAM, FC 33196 MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition tapia, a**n**cia. NAME NAME 15230 SW **X**6 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FI∠33196⊾ CITY-ST-ZIP VICE-PRESIDENT TAPIA, JURGE G. TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS 15230 SW 146 ST CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33196 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the filling does not quality for the indicated on this report or supplemental report is true and according and that my safe imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or trustee employers. changed, or on an attachment with

Jan-5-2003

FILED