2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P97000039408 ARY IMPORT & EXPORT CORP. 04-04-2001 90014 022 ***150.00 Principal Place of Business Mailing Address 16680 SW 84 CT 13615 S DIXIE HWY, SUITE 303 MIAMI FL 33157 MIAMI FL 33176 Principal Place of Business 3. Mailing Address 35 BEACH CIVE VILLAS Suite, Apt. #, Tetc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0795532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent - 5 -6. Name and Address of Current Registered Agent LOREDO, JOSE A Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST, SUITE 4000 MIAMI FL 33131 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00 GRIFFITH, LUCERO A LUCERO GRIFFITH NAME NAME STREET ADDRESS 13615 S DIXIE HWY, SUITE 303 STREET ADDRESS 655 BEACH CIUB VILLAS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP PONTE UEDRA BEACH ☐ Change ☐ Delete TITI F Addition TITLE ECHEVERRI, ALFREDO NAME NAME STREET ADDRESS D.B.H. BOX 18 STREET ADDRESS DORADO, PUERTO RICO 00646 FL 33176 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-ZIF CITY-ST-ZIP ☐ Delete TITLE ■ Addition ☐ Channe 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-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.