

Charter Number Only

P97000040090

THE SOLANO GROUP, P.A.  
782 N.W. Le Jeune Rd. Suite 487  
Miami, FL 33126

INFORMATION ONLY

Requestor's Name

Address

(305) 441-2606

City

State

ZIP

Phone

100002231921--3  
-07/07/97--01157--021  
\*\*\*105.00 \*\*\*35.00

\* SUPREME RAGS, CORP

☒ Profit  
☐ NonProfit

☐ REINSTATEMENT  
☐ Amendment

☒ RESIGNATIONS  
☐ Merger

☐ Foreign

☐ Dissolution

☐ Alien Business Organization

☐ Limited Partnership  
☐ Other:

☐ Change of Registered Agent

☒ REGISTRATION

☒ Change of Registered Address

☐ SEARCH OF RECORDS

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Walk In

☐ Will Wait

☐ Pick Up

☐ Mail Out

\* ENCLOSED: Two Officers and for Director Resignation.  
One Change of address.

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

C. TAX	_____
FILING	_____
R. AGENT	_____
C. COPY	_____
TOTAL	_____
N. BANK	_____
BALANCE DUE	_____
REFUND	_____
PHOTOCOPY	_____

FILED  
97 JUL - 7 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off. Resg.



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED  
97 JUL -7 AM 7:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA  
COUNTY OF DADE

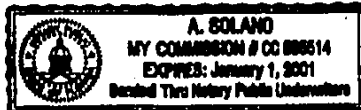
I, ANA VILLA after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ANA VILLA hereby resign as Director, Vice-President and Secretary of  
(Title)  
SUPREME RAGS, CORP, a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Ana Villa  
Signature of resigning officer/director  
ANA VILLA

Sworn to and subscribed before me this 1<sup>st</sup> day of July 1997.



[Signature]  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

P97000040090

THE SOLAND GROUP, P.A. c/o SUPREME RAGS, CONP.  
782 N.W. LeJeune Rd. Suite 437  
Miami FL 33126.

City/State/Zip

Phone #

300002231923--7

-07/07/97--01157--021

\*\*\*105.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 JUL - 7 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

97 JUL -7 AM 7:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF DADE

I, MARIA LLANES after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

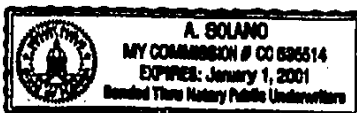
I, MARIA LLANES hereby resign as DIRECTOR and VICE PRESIDENT of  
(Title)  
SUPREME RAGS, CORP, a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Maria Llanes  
Signature of resigning officer/director  
MARIA LLANES

Sworn to and subscribed before me this 1<sup>st</sup> day of July 1997.

[Signature]  
NOTARY PUBLIC



My Commission Expires: \_\_\_\_\_

9970000940090

Requestor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

600002231926--7  
-07/07/97--01157--021  
Office Use Only \*\*\*\*\*105.00 \*\*\*\*\*35.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
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<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 JUL -7 AM 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Signature*

Examiner's Initials \_\_\_\_\_

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is:

SUPREME RAGS, CORP.

1a. Date of Incorporation

MAY 06, 1997

Document number

99000040090

2. The name and address of the current registered agent and office:

RENE B. LOPEZ

3330 N.W. 73 St. MIAMI, FLORIDA 33147.

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

RENE B. LOPEZ

782 N.W. Leflore Rd Suite 437 MIAMI, FLORIDA 33126

The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE

Rene B. Lopez

(name and title)  
Rene B. Lopez, President

DATE

July 01, 1997

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Rene B. Lopez

(Registered Agent)  
RENE B. LOPEZ

DATE

JULY 01, 1997

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314