CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State P97000101071 **DOCUMENT #** 1. Entity Name CIGCO IMPORT/EXPORT, CORP. 04-08-2002 90218 036 ***150.00 Principal Place of Business Mailing Address 15364 SW 34 STREET 15364 SW 34 STREET MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0797396 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 Name LECARO, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 15364 SW 34 STREET MIAMI FL 33185 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD TITLE ☐ Delete TITLE Addition LECARO, MANUEL A NAME NAME STREET ADDRESS 15364 SW 34 STREET STREET ADDRESS MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🖚 = 🖸 Deleter 🖘 🖘 TITLE -- ---Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and account not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director under the transport of the same legal effect as if made under oath; that I am an officer or director under this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if urate and that my signature shall have the of the corporation or the receiver or trustee empower changed, or on an attachment with an address. secute this report as required by Chapter 60

SIGNATURE:

1-20-02 305 2271766