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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 05, 2003 8:00 am Secretary of State P97000102911 DOCUMENT # 05-05-2003 91164 040 ***150.00 1. Entity Name MERENGUEX, INCORPORATED Principal Place of Business Mailing Address 7476 NW 8TH ST 14742 SW 58TH ST MIAMI FL 33126 MIAMI FL 33193 US 2. Principal Place of Business 3. Mailing Address 96" TERR 1598230 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & Stalle 4. FEI Number 65-0802956 Hisaer Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3196 DROX= Fee Required **DD4G** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOREL: RUBEN D Street Address (P.O. Box Number is Not Acceptable) 14742 SW 58TH ST MIAM! FL 33193 8. The above named editity submits this s ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of ered agent. 4/18/2003 UPEL SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition CASTRO, JOE. NAME Morel, Ruben D NAME 14661 S.W 96" LANE 14742 SW 58TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP MILLI FG. 33186 Delete escretary Desired Vithingpin TITLE TITLE NAME NAME trimpin. Desiree 15482 SW COLGHITTER STREET ADDRESS 14742 SW 58TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33193 Addition Delete TITLE ☐ Change TITLE Jose Caster NAME NAME ROSADO, RAFAEL 14601 5.00 96" LONE STREET ADDRESS STREET ADDRESS ACPOPOGATO INT'L HERRERA Missie, FC .. 33-186 SANTO DOMINGO, DOM. REP. 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-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 of trusted embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an a