FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 12, 2001 8:00 am DOCUMENT # P98000008584 **Secretary of State** SOUTHLAND IMPORT EXPORT INC 03-12-2001 90384 020 \*\*\*155.00 Principal Place of Business Mailing Address 2127 BRICKELL AVE 317 MINORCA AUE #1104 CORAL GABLES, FL 33134 MIAMI, FL 33129 A0031032 2. Principal Place of Business BRICKELL KEY DR 8 BRICKELL KEY Suite Apt. #, etc. #2908 DO NOT WRITE IN THIS SPACE 平2908 4. FEI Number Applied For -0823395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JO A. WILDER WILDER Street Address (P.O. Box Number is Not Acceptable) 888 BRICKELL KEY DR # 2908 2127 BRICKELL AVE, APT 1104 MIAMI, FL 33129 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, ited 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TITLE JO WILDER JOA. WILDER NAME NAME 2127 BRICKELL AUE, APT 1104 MIAMI, FL 33129 888 BRICKELL KEY DR. #2908 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE FRANCINE ENGELS 6641 S.W. 122 ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ 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 SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR