FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91747 008 ***155.00

DOCUMENT # P98000036549 ✓

1. Entity Name
AMERICAN EXPORT IMPORT AND PURCHASIN, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1601 NW 97 Avenue	3482 SW 156 Court
Suite, Apt. #, etc.: BAY A	Suite, Apt. #, etc.:
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33172 Country: USA	Zip: 33185 Country: USA

4. FEI Number: 650830889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PEREZ TORRES OSWALDO

Street Address (P.O. Box Number is Not Acceptable): 3482 SW 156 Court

City: MIAMI FL Zip Code: 33185

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. XX **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	OSWALDO PEREZ TORRES	NAME	
STREET ADDRESS	3482 SW 156 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33185	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	GABRIELA VILLALTA	NAME	
STREET ADDRESS	3482 SW 156CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33185	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	UBALDINO ISAZA ORTEGA	NAME	
STREET ADDRESS	3482 SW 156 CT	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	MIAMI FLORIDA 33185	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALDO PEREZ TORRES 05-17-2002 305-5928217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #