2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000041209 Jan 19, 2000 8:00 am **Secretary of State** LATIN AMERICA PARTS & SERVICES, INC. 01-19-2000 90235 011 ***158.75 Mailing Address Principal Place of Business 7922 NW 67 ST. 7922 NW 67 ST. MIAMI FL 33166-2631 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0833341 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTADES-GARCIA **ESTADES-GARCIA, ROBERTO** Street Address (P.Q. Box Number is Not Acceptable) 3340 SW 87 PL 12801 NW 431 MIAMI FL 33165 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. HARD, NOSE GUILLERMO Change ☐ Delete TITLE TITLE HARO, JOSE GUILLERNO NAME NAME 345 S.W. 97C+ STREET ADDRESS 9440 W. FLAGIER ST. #410 STREET ADDRESS MIAMI PL 33174 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33174 TITI F ☐ Delete TITLE ESTADES-GARCIA, Bibel ESTADES-GARCIA, ROBERTO NAME NAME STREET ADDRESS 128015004301 STREET ADDRESS 3340 SW 87 PL 33175 CJTY-ST-7IP CITY-ST-ZIP MIAMI FL 33165. ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 jung empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR