FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

1. Entity N	DOCUMENT # P98000082551 1. Entity Name M&C IMPORT & EXPORT INC.					05-13-2002 90164 041 ***150.00 6 5 6 3 6 0		
DO NOT WRITE IN THIS SPACE								
10227 NW 9 ST CIRCLE 10227 NW				CIRCL	Æ			
# 30	Suite, Apt. #, etc. # 306 # 306					DO NOT WRITE IN THIS SPACE		
	tate 11 , FL	City & State	ly & State MIAMI, FL			4. FEI Number 65 - 0875955 Applied For Not Applied For		
Zip ==3317-	2 Country USA	Zip 33+72==	Coun	try			Not Applicable 8.75 Additional	
•						ame and Address of Current Registered	ee Required	
	DO NOT WRITE				OSTA, MARCUS V.			
	IN THIS SPACE			Street A	ddress (P.O. E	dress (P.O. Box Number is Not Acceptable)		
				#3				
				City M	IAMI	i FL Zip Code 33/72.		
8. The above	e named entity submits this statement for	the purpose of changing it	ts registere	d office or	registered age	ent, or both, in the State of Florida	33144	
(See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. If an individual control is a control is a control in the control in the control is a control in the control in the control is a control in the cont	Amenda Make Check Paya	/1, Fee is ed UBR is	\$550.00 \$61.35		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS		**************************************			, 	
NAME STREET ADDRESS	MCOSTA, MARCUS V.	E # 306	NAME				201	
CITY-ST-ZIP	SFIEE - JA . IMAIN		STREET CITY-S	ADDRESS T-7/P		•		
TITLE	D TEINEIRA CINTHYA D		TITLE				CR2E034B (12/01)	
STREET ADDRESS	10227 NW 9 St CIRCLE	# 306	NAME	ADDRESS	<u> المستنب بي شد</u>			
CITY-ST-ZIP	MIANI , FL - 33172		CITY-ST	1	•			
TITLE NAME			TITLE	e :				
STREET ADDRESS CITY-ST-ZIP			NAME STREET	ADDRESS.				
TITLE			CHTY-ST	-ZIP a		DO NOT WRIT	E	
NAME		•	TITLE NAME	8		IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP			STREET A				_	
TITLE	-1		CITY-ST-	·ZIP				
NAME Street adoress			NAME					
CITY-ST-ZIP			STREET A					
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	TITLE			<u> </u>		
TREET ADDRESS			NAME STREET AL	DDRESS.	-			
CITY-ST-ZIP	wrife, that the inf		CITY CT	210		•	•	
indicated or of the corpo	nury that the information supplied with this in this report or supplemental report is true oration or the receiver or trustee empowe	filing does not qualify for t and accurate and that my red to execute this report	he exempti y signature as required	ion stated shall have	in Section 119 the same lega	.07(3)(i). Florida Statutes. I further certify that if am and statutes and that I am an	at the information	

13.

SIGNATURE:

MARCUS VINICIUS SAMPAID COSTA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 437 9798=