2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am DOCUMENT # P98000104742 Secretary of State SURTIDOR DE AVES, INC. 05-11-2001 90032 024 ***158.75 Mailing Address Principal Place of Business 1618 W 68TH ST 1618 W 68TH STREET HIALEAH FL 33012 DUU4J1/0 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0936210 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSWALDO HERNANDEZ, IVAN Street Address (P.O. Box Number is Not Acceptable) 1618 W. 68TH ST. HIALEAH FL 33012 Zip Code City 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) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE Delete NAME OSWALDO HERNANDEZ S., IVAN NAME STREET ADDRESS STREET ADDRESS 13714 SW 88 ST. CLTY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 gutiernez, martha Cominge 1618 West GVSt. Hia Fla. 32014 ☐ Addition X Delete TITLE TITLE SIERRA LEON, JORGE E NAME NAME STREET ADDRESS 13714 SW 88 ST. STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33106 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY - ST - ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE 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:

SIGNATURE AND TYPED INTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #