2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State P99000002108 DOCUMENT # 1. Entity Name 04-22-2002 90248 031 ***150.00 A MIMI WEAR, INC. Principal Place of Business Mailing Address 16430 S.W. 84TH AVENUE 16430 S.W. 84TH AVENUE MIAMI FL 33157 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0887677 Not Applicable \$8.75 Additional Country Zip 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 Name GARCIA-LINARES, MANUEL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. MIAMI CENTER, 10TH FLOOR Zip Code MÌAMI FL 33131 City FL 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. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE CUERVO, MARGARITA B NAME NAME STREET ADDRESS 16430 S.W. 84TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME CUERVO, JOSE M NAME STREET ADDRESS 16430 S.W. 84TH AVENUE STREET ADDRESS CITY-ST-ZIP . MIAMI-FL 33157 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Magazta Blav Cuervo 4-7-02

FILED