2000 UNIFORM BUSINESS REPORT, (UBR) **FILED** DOCUMENT # P99000018897 May 12, 2000 8:00 am Secretary of State LOS ANDES FOOD STORE INC. 03-01-2000 90085 032 ***150.00 Mailing Address Principal Place of Business 17010A WEST DIXIE HIGHWAY 17010A WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160-3723 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 52-2148518 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name ZATONYL, RICARDO Street Address (P.O. Box Number is Not Acceptable) 17010A WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160 Zip Code City 6. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition TITLE Change TITLE ☐ Delete ZATONYL, RICARDO J NAME NAME 17010A WEST DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 Addition ☐ Change TITLE TIFLE ☐ Delete DE ZATONYL, BEATRIZ ALANIZ NAME NAME 17010A WEST DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Change — ☐ Addition · Detete tift.e-THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-212 CITY-ST-ZIF Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME 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 suppliemental epont 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 employered to execute also 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 principles employered.

Daytime Phone #

SIGNATURE: