2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90218 007 ***150.00

DOCUMENT # P99000058787

1. Entity Name
W.C.J. EXPORT-IMPORT, INC.

Principal Place of Business	Mailing Address
1320 S. DIXIE HIGHWAY SIXTH FLOOR CORAL GABLES FL 33146	1320 S. DIXIE HIGHWAY SIXTH FLOOR CORAL GABLES FL 33146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0945381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNCAN, ROSARIO P 1320 S. DIXIE HIGHWAY SIXTH FLOOR CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable | If Registered Agent is a corporation, officer signature required | Date

FILE NOW! FEE IS $150.00
Mail: Mail Code 8 Fee is $160.00
Make Check Payable to Florida Department of State

9. ☐ Annual Report/Uniform Business Report ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, JUAN CARLOS ESPANA 1183 FLORIDA PROVINCIA DE BUENOS AIRES ARGENTINA 1602	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMENNA DE MENDEZ, TERESA CARMEN ESPANA 1183 FLORIDA PROVINCIA DE BUENOS AIRES ARGENTINA 1602	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosario G Duncan Director 1/22/03 305 668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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