_	PLEASE READ	ALL INSTRUCT	IONS BEFO	HEU	OMPLE	IING THIS FURN	/I.
CO REII	SOTO LIVE	Secretar	TMENT OF ST ne Harris y of State corporations	TATE-		FILED SECRETARY OF SIZ ISION OF CORPORA IJUN 13 PM 2:	
_	UMENT # P99000 ation Name Copacking	1nc.,					
	al Office Address	3. Mailing Office Addres				,~	١
	SW 87 Ave	SAME					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					
N/	Α	N/A	/A			rporated or Qualified siness in Florida 7/7	/00
City & State		City & State					
Miami	FI	SAME	tang permenang	- ~		er	Applied For Not Applicable
Zip	Country	. Zip	Country		6.	960161	
3317	4 USA	33174	USA	ŀ	CERTIFICAT		.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name							
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least						Date 6/6/0)1
Titles	Name of Officers and/or Directors		Street Address of Officer and/or D			City / Sta	ite / Zip
P/D	Vicente Trigo		Francisco Z, Piso 3,			`Caracas, Ve	enezuela
S	Sergio J. Guzman	1105 s	W 87 Ave			Miami, FL 33	3174
							M
O Loogitu	that Lam an officer or director or the receive	or or trustee empowered to a	vecute this application	n as new	aided for in char	oter 607 or 617 E.S. I further	certify that when filling

• I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Sergio J. Guzman

6/6/01

305-262-6696