## DOCUMENT # P99000070903 1. Entity Name GRUPO MERCAIMPULSO INTERNATIONAL, CORP. FILED May 14, 2001 8:00 am Secretary of State 05-14-2001 90073 015 \*\*\*150.00

| CHO! O METOANII GEGO NITENIAATIONAL, COM:  |  |  |   |  |  | 05-14-2001 90073 015 ***150.00 |               |                              |            |                                     |   |
|--|--|--|---|--|--|--------------------------------|---------------|------------------------------|------------|-------------------------------------|---|
| Principal Plac<br>800 WEST 49<br>SUITE 207<br>IIALEAH FL 33  | TH STREET  | ss   | Mailing Address<br>1800 WEST 49TH STREET<br>SUITE 207<br>HIALEAH FL 33012   |  |  |                                |               |                              |            |                                     |   |
| <ol> <li>Principal F</li> <li>1800</li> </ol>  |  | 19ty ST  | 3. Mailing Address  | 49+  | 4 <i>5</i> T   |                                |               |                              |            |                                     |   |
| Suite, Apt.  |  |  | Suite, Apt. #, etc.   |  |  | ]                              | 0             | O NOT WRI                    | TE IN THIS | S SPACE                             |   |
| City & Stat  | te<br>LEAH   | FL   | City & State HIACE AH   | , Fi   |  | 4. FEI N                       | lumber 6      | 5-094072                     | 3          |                                     | Applied For<br>Not Applicable                                     |
| Zip<br><b>33</b> (   | 012  | Country  | Zip<br>33012  | Country  | bΔ   | 5. Certifi                     | icate of Stat | us Desired                   |            | \$8.75 Ac                           | dditional   |
|  | 6. Name  | and Address of Current R   |   |  |  | 7. Name                        | and Addre     | ss of New F                  | Registered | d Agent                             |   |
| ,  |  |  |   |  | Name 12  |                                | محما          | ٥٥٠١٥)                       |            |                                     |   |
| RIOS, LEOPOLDO<br>1800 WEST 49TH STREET  |  |  |   |  | Street Address   | (P.O. Box N                    | lumber is No  | t Acceptable                 | e)         |                                     |   |
| SUITE 207  |  |  |   |  |  | <u>νο ω</u>                    | 301           | <del>+4</del> 5              | TRE        | <u>e 1</u>                          |   |
| HIALEAH FL 33012   |  |  |   |  | City H   | 11 E A                         | <u> </u>      |                              | F          | L ZigCo                             | \$0\1.  |
| 8. The above   | named entit  | y submits this statement for   | he purpose of changing its r  | egistered  |  |                                | _ •           | e State of Flo               | orida.     |                                     |   |
|  |  | bakun maka   |   | _  | _  | _                              |               |                              |            | 30/0L                               |   |
| SIGNATURE ,  | Signature, typed   | printed name of registereo agent an                                    | nd title if applicable. (NOTE:  | Registered A   | gent signature required                                    | d when reinstatin              | ng)           |                              | DATÉ       | <u> </u>                            |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   |  |  | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of Stat |  |  | į.                             |               |                              |            |                                     |   |
| Tax filing t   | requirement a  | and elects to do so.   | After MAY 1, 200  | 1 Fee w  | ill be \$550.00  |                                |               | ampaign Fir<br>d Contributio | _          |                                     | 00 May Be<br>ed to Fees   |
| Tax filing t   | requirement a  | and elects to do so.   | After MAY 1, 200<br>Make Check Payabl   | 1 Fee w  | ill be \$550.00  | ite                            | Trust Fund    | d Contributio                | n.         |                                     | ed to Fees  |
| Tax filing r<br>(See criter  | requirement a<br>ria on back)                                      | and elects to do so.  OFFICERS AND D                                   | After MAY 1, 200<br>Make Check Payabl   | 1 Fee w  | ill be \$550.00  | ite                            | Trust Fund    | d Contributio                | n.         | ∐ Ådde                              | ed to Fees  |
| Tax filing to (See criter  IT.  ITLE  IAME   | requirement a<br>ria on back)<br>PTD<br>TORBAY,                    | OFFICERS AND D   | After MAY 1, 200<br>Make Check Payabl   | 1 Fee will to Dep  | ill be \$550.00<br>artment of Sta                          | ite                            | Trust Fund    | d Contributio                | n.         | LI Adde                             | ed to Fees  |
| Tax filing to (See criter)  11.  ITLE  HAME  STREET ADDRESS  | PTD<br>TORBAY,   | OFFICERS AND D CHARLES 73RD AVE CCS 2070                               | After MAY 1, 200<br>Make Check Payabl   | 12. TITLE NAME STREET  | ill be \$550.00<br>artment of Sta                          | ite                            | Trust Fund    | d Contributio                | n.         | LI Adde                             | ed to Fees  |
| Tax filing (See criter  11.  ITLE  HAME  STREET ADDRESS  CITY-ST-ZIP   | PTD<br>TORBAY,<br>4440 NW  | OFFICERS AND D CHARLES 73RD AVE CCS 2070                               | After MAY 1, 200 Make Check Payabl  Delete  | 12. TITLE NAME STREET CHY-ST   | ill be \$550.00<br>artment of Sta                          | ite                            | Trust Fund    | d Contributio                | n.         | ☐ Adde                              | ed to Fees RS IN 11 Addition                                      |
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| Tax filing i<br>(See criter<br>II.<br>ITLE<br>IAME<br>ITREET ADDRESS<br>ITY-ST-ZIP<br>ITLE<br>IAME<br>ITREET ADDRESS   | PTD<br>TORBAY,<br>4440 NW<br>MIAMI FL<br>SVD<br>TORBAY,<br>4440 NW | OFFICERS AND D CHARLES 73RD AVE CCS 2070 33166 MIRNA 73RD AVE CCS 2070 | After MAY 1, 200 Make Check Payabl  Delete  | 11 Fee wile to Dep  12.  TITLE  NAME  STREET A  CITY-ST  TITLE  NAME   | ADDRESS ADDRESS ADDRESS                                    | ite                            | Trust Fund    | d Contributio                | n.         | ☐ Adde                              | ed to Fees RS IN 11 Addition                                      |
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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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4130/01

(305)5589469

Daytime Phon

CR2E034 (10)