## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 08:00 AM P99000081121 DOCUMENT # 1. Entity Name **Secretary of State** LIA EXPRESS, INC. Principal Place of Business Mailing Address 6551 SW 132 COURT CIRCLE 6551 SW 132 COURT CIRCLE FL MIAMI FL 33183 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0953671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARGAS LIBARDO 6551 SW 132 COURT CIRCLE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33183 US 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. LIBARDO VARGAS 04/25/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) ☐ Addition MAME VARGAS ANA MARIA NAME 6551 SW 132 COURT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME VARGAS PAULO CESAR NAME STREET ADDRESS 6551 SW 132 COURT CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DE VARGAS AMPARO BOTERO NAME STREET ADDRESS 6551 SW 132 COURT CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI 33183 CITY-ST-ZIP ☐ Delete Сhапде TITLE Addition VARGAS LIBARDO NAME STREET ADDRESS 6551 SW 132 COURT CIRCLE STREET ADDRESS CITY-ST-ZIP FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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: Ana Maria Vargas 04/25/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR