FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90084 046 ***158.75

Daytime Phone #

DOCUMENT # P99000087100 1. Entity Name DANCAR IMPORT & EXPORT CORP.					04-29-2002	, 90064 040	136./3	
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 3. Mailing Address PO BOX 2204			1					
Suite, Apt. #, etc. SUITE # F					DO NOT WRITE IN THIS SPACE			
City & State HI	e ALEAH, FL	City & State HIALEAH	City & State HIALEAH, FL.		4. FEI Number Applied For		Applied For Not Applicable	
Zip 33	014 Country USA	^{Zip} 33002-2041	Country USA	5.	Certificate of Status Desired	\$8.75 Fee Rec	Additional quired	
, , , , , , , , , , , , , , , , , , ,		,	Name		ame and Address of Current Re	gistered Agent		
DO NOT WRITE				DANTE CUSSATO Street Address (P.O. Box Number is Not Acceptable) Oth AVENUE				
IN THIS SPACE			:	SUITE #f				
·હો			City	HIALE		FL Zig	50d 4	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or				2014	
SIGNATURE _	Signature, typed or printed name of registered ag		: Registered Agent signat					
9. This corpo Tax filing re	oration is eligible to satisfy its Intangli equirement and elects to do so. ia on back)	ole January 1 - M	ay 1 Fee is \$150 1, Fee is \$550.00 I UBR is \$61.25	D.00	Election Campaign Finan Trust Fund Contribution.	~ ~	5.00 May Be dded to Fees	
11.		ID DIRECTORS			4			
NAME STREET ADDRESS CITY-ST-ZIP	PD CUSSATO, DANT 8011 W 6th AVE Hialeah, Fl	TITLE NAME STREET ADDRESS CITY-ST-ZIP			e s	: , , , , , , , , , , , , , , , , , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	33014 EN J. #F 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	DO NOT V	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		TITLE NAME STREET ADDRESS CITY-ST-2IP		IN THIS S	PACE	\$ 2	
THILE NAME STREET ADDRESS CHY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			* :		
indicated of the corp	ertify that the information supplied won this report or supplemental report poration or the receiver or trustee end with an address, with all other like	is true and accurate and that m npowered to execute this report	the exemption stat y signature shall he as required by Ch	ed in Section ave the same napter 607, Flo	119.07(3)(i), Florido Statutes. I ful legal effect as if made under eath orida Statutes: and that my name	n; that I am an off appears in Bloc	licer or director lk 11 or on an	