FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P99000103630 DOCUMENT # 1. Entity Name EXPRESS EXPORT SUPPLIES, INC. 05-08-2002 90165 014 ***150.00 Mailing Address Principal Place of Business 3350 NW 20TH ST 3350 NW 20TH ST #240 **MIAMI FL 33142** MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 4.TIS. ZADITERR 3035 3035 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State, NOT APPLICABLE Not Applicable IAM Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 3350 NW 20TH ST **MIAMI FL 33142** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) PSTD HERNANDEZ, TOSEA. 13035 S.D. DUTERRACE Change ☐ Addition ☐ Delete TITLE HERNANDEZ, JOSE A NAME NAME 3350 NW 20TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 1, Ami FC. 33184 CITY-ST-ZIP Change Addition VD TITLE ☐ Delete TITLE HERNANDEZ, JEANETTE NAME HERNANDEZ TEANETTE NAME 3350 NW 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [Addition ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME 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.