2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$33031** Mar 03, 2000 8:00 am **Secretary of State** ELECTRONIC IMPORT EXPORT, INC. 03-03-2000 90202 046 ***150.00 Mailing Address Principal Place of Business 3232 N.W. 72 AVENUE VV N.W. 72 AVENUE MIAMI FL 33122-1318 FL 33122-1318 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0247136 Not Applicable Zip Country 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 Name PEIDRA, HECTOR Street Address (P.O. Box Number is Not Acceptable) 6440 N.W. 77 PLACE PARKLAND FL 33076 Zip Code its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en HECTOR PIEDRA SIGNATURE FILE NOW!!! FEE IS \$150.00 eligible to satisfy its Intangible 9. This corporation \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition Delete TITLE TITLE NAME PIEDRA, HECTOR NAME STREET ADDRESS STREET ADDRESS 7207 NW 68TH DR. CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

LIURE HELDOND Product

04/8/00

(30s)593-2711