2002 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2002 8:00 am DOCUMENT # s37383 **Secretary of State** 1. Entity Name 03-19-2002 90035 041 ***150.00 B & J IMPORT & EXPROT, INC. Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 8404 S.W. 40 STREET 8404/S.W. 40 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FL MIAMI, FL 65-0269194 Not Applicable Zip Zip 33155 Country Country \$8.75 Additional 5. Certificate of Status Desired UŠA 33155 USA Fee Required 6. Name and Address of Current Registered Agent --7.-Name and Address of New Registered Agent BUENO, CAROLE DE LA TORRE Street Address (P.O. Box Number is Not Acceptable) 8404 S.W. 40 STREET City MIAMI 33955 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEETS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT MLE ☐ Delete TITLE X Change ☐ Addition CR2E034 (11/00 NAME DE LA TORRE BUENO, JULIO BUENO, VULIO DE LA TORRE NAME STREET ADDRESS 8404 S.W. 40 STREET 2907 OLD FORT ROAD STREET ADDRESS SUGAR LAND, TX 77479 CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP IIILE ☐ Delete TITLE (Z) Chance ☐ Addition NAME NAME BUENO, CAROLE DE LA TORRE CAROLE DE LA TORRE BUENO STREET ADDRESS STREET ADDRESS 2907 OLD FORT ROAD CITY-ST-ZIP CITY-ST-ZIP SUGAR LAND, TX 77479 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete IIIL£ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

ulis de la lone JULIO DE LA TORRE BUENO

3/4/02

<u>305–553–8080</u>

FILED