2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** S47818 1. Entity Name MADAME GOUGOUSSE FOODS CORP. 05-19-2002 90165 015 ***150.00 Principal Place of Business Mailing Address 5800 NW 32ND COURT 5800 NW 32ND COURT **MIAMI FL 33142** MIAMI FL 33142 US 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 65-0456167 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUIXENS, JUAN J J Street Address (P.O. Box Number is Not Acceptable) 5800 NW 32ND COURT MIAMI FL 33142 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01) NAME GUIXENS, JUAN J JR. NAME 5800 NW 32ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME GUIXENS, JUAN J SR ☐ Addition NAME STREET ADDRESS 5800 NW 32ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE = e . Delete____ TITLE NAME ☐ Change ☐ Addition GUIXENS, MAYRA C NAME STREET ADDRESS 5800 NW 32ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GUIXENS, MANUEL J. NAME 5800 NW 32ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change GUIXENS, ROSA C. ☐ Addition NAME NAME STREET ADDRESS 5800 NW 32 COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITLE ☐ Delete TITLE GUIXENS, CHRISTINA L. ☐ Change ☐ Addition NAME NAME 5800 NW 32 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142

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 of 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

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

THAN J GRIKANSTO Pras 4/27/200 (305)634050