2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # \$87674** 1. Entity Name AGUERO'S CHERRY CORP. 04-17-2001 90033 011 ***150.00 Principal Place of Business Mailing Address 12758_S.W. 88_STREET _ 12<u>758 S.W. 48</u>-STREET -MIAMI FL-33186 MIAMILEL 33186 _ US--_ _كلا 2. Principal Place of Business 3. Mailing Address RR 03 Box 1635 RR 03 Box 1635 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0290303 Fort White Not Applicable Fort White Country Country \$8.75 Additional 32038 32038 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACEDO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 8870 SW 40TH ST SUITE 3 **MIAMI FL 33165** Zip Code City ηis state 8. The above named entity submits ne purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Addition Change ☐ Delete TITI E AGUERO, JUAN V NAME NAME STREET ADDRESS STREET ADDRESS RR 03 Box 1635 CITY-ST-ZIP MIAMI FL_33186 CITY-ST-ZIP Forth White FL 32038 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ... -- - Change - Addition -TITLE Ca[™] Coo res NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Channe TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 eport 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 the 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 ike empowered. UPM ACCIONO

SIGNATURE: