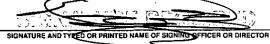
2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} **DOCUMENT # V24327** Feb 29, 2000 8:00 am 1. Entity Name Secretary of State MOTHER NATURE EXPORTS, INC. ELLI THEN ELLY 02-29-2000 90101 022 ***150.00 Principal Place of Business Mailing Address 19262 N.W. 89TH AVE. 5455 NW 72 AVE MIAMI FL 33166 MIAMI FL 33018-6249 BALLOWN 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0327831 Not Applicable 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 HIGUEROA ALVAREZ, JORGE Street Address (P.O. Box Number is Na Acceptable) 19262 N. W. 89 AVENUE 9262 N.W. 89th AV. #800-W **MIAMI FL 33015** 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 PRESIDENT OMAR A. FICUEROA SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIGUEROA, OMAR NAME NAME STREET ADDRESS STREET ADDRESS 19262 NW 89 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete FIGUEROA, MARISOL NAME NAME STREET ADDRESS STREET ADDRESS 19262 NW 89 AVE CITY-ST-ZIP CITY-ST-7(P MIAMI FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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 appearance in Block 11 or Block 12 if changed, or on an attachment with appearance in Block 11 or Block 12 if the empowered to the supplied with the supplied by the su

SIGNATURE:



02/10/00 305-55