CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # V29016 Entity Name CONTINENTAL PURCHASING.INC. 02-20-2002 90162 031 ***150.00 rincipal Place of Business Mailing Address 2781 NW 104 CT 2781 NW 104 CT MIAMI FL 33172 MIAMI, FL 33172 3. Mailing Address . Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0331382 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCELIN, LUIS Street Address (P.O. Box Number is Not Acceptable) 2781 NW 104 CT MIAM! FL 33172 City Zip Code 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. GNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS 11 ☐ Change Addition İTLE ☐ Delete TITLE . √AME MARCELIN, LUIS MAME TREET ADDRESS 2781 NW 104 CT STREET ADDRESS ITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete İITLE AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME IAME TREET ADDRESS STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE İITLE NAME IAME STREET ADDRESS TREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete ITLE TITLE IAME STREET ADDRESS TREET ADDRESS ATY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE ÎTLE IAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-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 supplier ental 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 changed, or on an attachment with an address, with all other like empowered.