FILED Feb 09, 2001 8:00 am

DOCUMENT # V41898 1. Entity Name YASMANY EXPORT, INC.				Secretary of State 02-09-2001 90771 019 ***150.00			
Principal Plac	ce of Business	Mailing Address		_			
1502 E 4 AVE HIALEAH FL 39010		1502 E 4 AVE HIALEAH FL 33010			กุกกรสัดดุจ		
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. F	4. FEI Number 65-0388522 Applied For Not Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curr	ent Registered Agent		7. N	lame and Address of New Registe	red Agent	
1502	MEZ, JOSE J. 2 E 4 AVE .EAH FL 33010		Street Add	ress (P.O. B	ox Number is Not Acceptable)	FL Zip Code	e
SIGNATURE • • • Tax filing	Signature, typed or printed name of registered a	gent and title if applicable. Jible FILE NO After MAY	(NOTE: Registered Agent signature I) OW!!! FEE IS \$150.00 1, 2001 Fee will be \$550	required when rei		+	0 May Be
·			ayable to Department o		DITIONS OF THE PROPERTY.	AND DIRECTOR	20144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, JOSE J. 314 EAST 15TH STREET	ND DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, -		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE_ NAME STREET ADDRESS CITY-ST-ZIP	• -	m . masser.	☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition

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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)