2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State P00000021024 DOCUMENT # 1. Entity Name H & L FORWARDERS CORP. 05-28-2002 91502 010 ***150.00 Mailing Address Principal Place of Business 12562 S.W. 119TH COURT 12562 S.W. 119TH COURT MIAMI FL 33186 MIAMI FL 33186 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 65-0985624 Not Applicable Zip Country Zip \$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 DIAZ & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42ND AVE., SUITE 621 MIAMI FL 33126 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) X Change ☐ Addition TITLE ☐ Delete TITLE Toro, Victor D.H TORO, VICTOR D.H. NAME NAME CALACOTO CALLE 23 NUMBERO 8050 12562 SW 119 Ct STREET ADDRESS STREET ADDRESS la paz, Bolivia, S.A. Miami Fl 33186 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE Toro, Ana M.C BORDA DE TORO, ANA M. C. NAME NAME CALACOTO CALLE 23 NUMBERO 8050 STREET ADDRESS 12562 SW 119 Ct STREET ADDRESS LA PAZ, BOLIVIA, S.A. CITY-ST-ZIP Miami Fl 33186 CITY-ST-7IP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

VILTOR TORO

13. I hereby certify that the information supplied with this filling 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.