2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 435588 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name AIREX CORP. 04-24-2000 90146 014 ***150.00 Principal Place of Business Mailing Address 10501 - 10505 S.W. 185 TERRACE 10501 - 10505 S.W. 185 TERRACE P O BOX 970799 P O BOX 970799 MIAMI FL 33197-0799 MIAM! FL 33197 2. Principal Place of Business 3. Mailing Address 0501-10505 SW 185 TERR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc Applied For & State City & State 4. FEI Number 59-1594727 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GADPAILLE, ANDRE' R Street Address (P.O. Box Number is Not Acceptable) 16563 SW 153 CT **MIAMI FL 33187** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE ☐ Addition TITLE ☐ Delete NAME NAME GADPAILLE, JEANETTE R STREET ADDRESS STREET ADDRESS 8005 SW 184 TERRACE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33157 ☐ Change ☐ Addition TITLE Delete TITLE NAME GADPAILLE, ANDRE R NAME STREET ADDRESS 16563 SW 153 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** TITLE Delete TITLE ☐ Change □ Addition NAME GADPAILLE, BARBARA M NAME STREET ADDRESS 8005 SW 184 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Delete TITLE □ Change Addition TITLE NAME GADPAILLE, ERIC A NAME STREET ADDRESS STREET ADDRESS 20950 S. W. 83 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33189 Delete ☐ Change ☐ Addition TITLE TITLE GADPAILLE, RENE A NAME STREET ADDRESS STREET ADDRESS 8005 SW 184 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Change. ☐ Addition TITLE ☐ Delete TITLE NAME GADPAILLE, GARY P NAME STREET ADDRESS 22335 SW 100 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157

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.