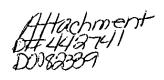
2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 442741 Aug 29, 2000 8:00 am Secretary of State 1. Entity Name HERCULES EXPRESS, INC. 08-29-2000 90033 013 ***158.75 Principal Place of Business Mailing Address 7007 NW 30th. ST 7007 NW 30th, ST Miami Fl 33122-1328 Miami Fl 33122-1328 2. Principal Place of Business 3. Mailing Address 4763 SW 127th Place <u>4763 SW 127th PL</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Miami FLMiami FL59-1519397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33175 USA 33175 U S 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name Rodriguez, Alba Rodriguez, Fernando SR. Street Address (P.O. Box Number is Not Acceptable) 6665 NW 40th. Street Miami $\Gamma 1$ 4763 SW 127th PL Miami 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. Alba Rodriquez 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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. TITLE Delete TITLE Change Change ☐ Addition S NAME NAME Rodriguez, Alba Rodriguez, Alba STREET ADDRESS STREET ADDRESS 4763 SW 127 PL 11055 SW 52 Dr. Miami Fl 33165 CITY-ST-ZIP CITY-ST-ZIP Miami F133175 TITLE Change X Addition TITLE XDelete NAME NAME Rodriguez, Fernando Gutierrez, Miguel A. 3141 SW 140 A STREET ADDRESS STREET ADDRESS 6665 NW 40 Miami Fl ST 33166 CITY-ST-7IP CITY-ST-ZIP Miami: ☐ Delete TITLE THEE **C**nange Addition NAME NAME Rodriguez, Carmen 4763 SW 127 PL Rodriguez, Carmen STREET ADDRESS STREET ADDRESS 6665 NW 40 ST City-St-78 CITY-ST-ZIP Miami Fl 33166 Miami Fl33175 Delete ☐ Change TITLE TITLE ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT) F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it made under oath: that if 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.

OFFICER OR DIRECTOR

SIGNATURE:

HERCULES EXPRESS, INC. 4763 SW 127th STREET FL 33175 IMAIM



August 17, 2000

Fla. Dept. of State Division of Corporation Annual Report P.O. Box 6327 Tallahassee Fl 32314

Dear Sir or Madam:

We are enclosing 2000 Uniform Business Report for our company and the payment for the present year.

This report was not paid on time because Mr. Fernando Rodríquez, President of the Company and my father, passed away on June 19,

After Mr. Rodriguez died, the company office was moved and we never received the original Form -Annual Report. We would like that you please consider our situation and waive any penalties or late fees assessed on our 2000 Annual Report.

We thank you in advance for your careful consideration.

Sincerely,

Alba Rodriguez

President