FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Mar 31 1998 8:00am CORPORATION Sandra D. Mortha ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # AMERICAN FLYERS COMPANY, INC. Principal Place of Business Mailing Address 3415 S.W. 9TH AVE 3415 S.W. 9TH AVE. ET LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-1946230 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name **VAZQUEZ SR., DANIEL** 3415 S.W. 9TH AVE. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33315 B.3 City

11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition VASQUEZ SR., DANIEL NAME 1.2 NAME 3415 S.W. 9TH AVE. STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-EIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City - St - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplindicated on this annual report or supplic officer or director of the corporation or the Block 12 or Block 13 if changed, or on an with this tiling of this (fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: Y

Applied For

Fee Required

Added to Fees

Zip Code

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Not Applicable