FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State **DOCUMENT #** 677278 1. Entity Name CO-LOADING CORPORATION 04-30-2002 90199 044 ***150.00 Principal Place of Business Mailing Address 1801 N.W. 93RD AVE. (33172) 1801 N.W. 93RD AVE. (33172) P.O. BOX 440625 P.O. BOX 440625 MIAMI FL 33144 **MIAMI FL 33144** US 2. Principal Place of Business 3. Mailing Address 1801 N.W. 93 Avenue P.O. Box 440625 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2021171 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUAN PARRA, JUAN M Street Address (P.O. Box Number is Not Acceptable) 1801 NW 93 AVENUE MIAMI FL 33172 City 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, typed or printe that (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARRA, CEIDA NAME NAME STREET ADDRESS 1801 NW 93 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PARRA, DANIEL NAME STREET ADDRESS 1801 NW 93 AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE Juan Carlos Paren 1801 NW 93 Avenue Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miami, FL. 33172 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR BRINTEN NAME OF STATUTE OF THE STATUTE OF T

4/18/02

(305) 593-163

Daytime Phone i