, 2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # F97000003331 1. Entity Name COURIERS INTERNATIONAL COMPANY 05-10-2001 90190 047 ***150.00 Mailing Address Principal Place of Business 2550 NW 72ND AVE #113 2550 NW 72ND AVE #113 762554 MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 95-4459856 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JHON FREDY ZAPATA MARULANDA, JUAN C Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72ND AVE #113 4160 INVERRARY DRIVE APT.#311 **MIAMI FL 33122** 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition **PVC** ☐ Delete TITLE TITLE NAME NORENA, OLGA NAME STREET ADDRESS STREET ADDRESS 8332 PENFIELD #8 CITY-ST-ZIP CITY-ST-ZIP WINNETKA CA 91306 ☐ Addition Change ☐ Delete TITLE NAME VALDEZ, MARTHA STREET ADDRESS STREET ADDRESS 9406 ISIS AVE CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90045 ☐ Addition ☐ Change TITLE TITLE Delete NAME MORENO, LUZ M NAME STREET ADDRESS STREET ADDRESS 11322 BODGER ST CITY-ST-ZIP CITY-ST-ZIP EL MONTE CA 91722 ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS 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 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.