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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # L01000017289 04-07-2002 90067 047 ****50.00 INTERNATIONAL AIR LOGISTICS LLC Principal Place of Business Mailing Address 100 N BISCAYNE BLVD 100 N BISCAYNE BLVD **SUITE 2608** SUITE 2608 MIAM FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2349037 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----BERNSTEIN, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD **SUITE 2608** MIAMI FL 33132 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition 90 NAME RUEDA, EDUARDO NAME STREET ADDRESS 100 N. BISCAYNE BLVD, SUITE 2608 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE Delete me Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STHEET AUDHESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE