## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State - OF CORPORATIONS **1996** 311-96 L43354 **DOCUMENT #** CARRIER INTERNATIONAL MIAMI, INC. Mailing Address Philoipal Place of Business 6750 NW 79 AVE 6750 NW 79 AVE MIAMI FL 33166 MIAMI FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 01/16/1990 06/19/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26-4668661 26 21 \$8.75 Additional Suite, Apt. #, etc Saite, Act. ⊁, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 This corporation has liability for intangible tax under s. 199.032, $Z_{10}$ Country Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PONCE, ROLANDO B. 7858 N W 72ND AVENUE **MIAMI FL 33166** FLAPINA 33166 607,0502 and 607,1508, Florida Statutes, the ab ove named corporation submits this statement for the purpose of changing its registered office corporation's board of directors. Thereby accept the appointment as registered agent. Lam ite of Florida. Such change was authorized by the its of Aection 607.0505, Florida Statutes or registered agent, or both in familia: with, and accept the st 3-6-96 DATE Rolando Auxó CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Change Addition DELETE 12 NAME PONCE, ROLANDO B 1.3 STREET ADDRESS 7858 N W 72ND AVE SHEET LANDRESS 1.4 CITY - \$1 - ZIP MIAMI FL City St Zit Change Addition DELETE 2 1 TITLE 1:103 2 2 NAME EAM! 2.3 STHEET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP (J\*\* - 5\* - 76\* Change ■ Add-tion DEL ETE 3 1 1/ILE 10,5 3.2 NAME MAN 3.3 STREET ADDRESS STREET ADDITIONS 3 4 CITY - ST - ZIP 501 r - \$1 - ZIII ☐ Change ☐ Addition DELETE 4 1 THILE FILE 4.2 NAME 6454 4.3 STREET ADDRESS SUBSET ACTORISS 4.4 CITY-ST-ZP CITY SE 20 Change Addition DELETE 5 1 THE Tajji S 5.2 NAME NAME: 5.3 STREET ADDRESS ETHELL ADDRESS 5.4 CITY - \$1 - 20P 00 > -51 ZP ☐ Change Addition DELETE 6.1 DILE 111.4 6.2 NAME NAM 6.3 STREET ADDRESS STREET ADDRESS 6 A CHTY - ST. 7 IP. 14. Lon hereby certify that the information supplied wall this filling is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name approars in Book. 12 or Block 13 if changed or on an attachment with an address. CH 51 201 Rolano Pour

SIGNATURE: