File on or before May 1, 1999 or Limited Liablity Company will be

| sublec   | to a \$ 400.00 LATE FEE.  | <u> </u>  |   |        |                                   |                          | ,  |   |   |  |
|--|---------------------------|---|---|--------|-----------------------------------|--------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999   |                           |   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF COMPORATIONS |        |                                   |                          | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS              |   |   |  |
| L  |                           |   |   |        | 99 APR 20 AM 11:45                |                          |  |   |   |  |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE   |                           |   |   |        |                                   |                          |  | 77 M M C                                      | 0 8011-40   |  |
| 1. Name and Mailing Address<br>of Limited Liability Company DOCUMENT # L98000000339  |                           |   |   |        |                                   |                          |  |   |   |  |
| AIR CARGO ASSOCIATED, L.C.   |                           |   |   |        |                                   | į                        | 1a Principal P   | lace of Business                              | Address   |  |
| P. O. BOX 59-3355<br>MIAMI FL 33159  |                           |   |   |        |                                   |                          | 2461 N.W. 67TH AVENUE,<br>BUILDING 700, STE. A-280<br>MIAMI FL 33122 |   |   |  |
| 2 Principal Place of Business  |                           |   | 2a. Mailing Address   |        |                                   |                          | ,3. Date Organi<br>03/13/  |   | 3a. State of Formation                                  |  |
| Suite, Apt. #, etc.  |                           |   | Suite, Apt #, etc   |        |                                   |                          | 4. FEI Number  |   | L   |  |
| City & Sta   | ate                       | City & State  |   |        | · · {                             | 650853673                |  |   |   |  |
|  |                           |   |   |        |                                   | ļ                        | 5. Date of Last  |   | 6. Certificate of Status Desired                        |  |
| Zip  | Country                   | Ζιρ   |   | Countr | ý                                 |                          | J. Date of Last  | перол   | S8 75 Additional Fee Required                           |  |
| 7. Name and Address of Current Registe   |                           |   | d Agent   |        |                                   |                          | ame and Addre  | me and Address of New Registered Agent/Office |   |  |
| VISC<br>2461   |                           | Name  |   |        |                                   |                          |  |   |   |  |
| BLDG   |                           | Sireet Adoress (PJ  |   |        | .O. Box Number is Not Acceptable) |                          |  |   |   |  |
| MIAM   | II FL 33122               | Suite, Apt. #, etc.   |   |        |                                   |                          |  |   |   |  |
|  |                           | City Zip Cod  |   |        |                                   |                          |  |   |   |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the appointment of the purpose of the appointment as registered agent.  |                           |   |   |        |                                   |                          |  |   |   |  |
| SIGNATURE  |                           |   |   |        |                                   |                          | DATE OG Mar 49   |   |   |  |
| 10. Title  | Managing Members/Managers | Ot Bejoheed Aprilog laber for the owner even for a<br>Business Street Address |   |        |                                   | City, State and Zip Code |  |   |   |  |
| MEM  | VISCONTI, FRANCIS         | J   | 2461 N  | .w.    | 67тн                              | AVE                      | . BLDG.  | MIAMI   | FL  |  |
| MEM  | FARRELL, JAMES O          |   | 2461 N  | .w.    | 671 <sup>.</sup> H                | AVE                      | . BLDG.  | MIAMI   | FL  |  |
|  |                           |   | }   |        |                                   |                          |  |   |   |  |
|  |                           |   |   |        |                                   |                          | (G)  | - 6472  | •¢•⊂:⊂:⊂:≤:4 €;5<br>7/9901057014<br>188-75 - ****188.75 |  |
|  |                           |   |   |        |                                   |                          |  | }   |   |  |
|  |                           |   |   |        |                                   |                          |  | }   |   |  |
| Ţ  |                           |   |   |        |                                   |                          |  |   |   |  |
| 11 Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 moniber or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address  |                           |   |   |        |                                   |                          |  |   |   |  |
| SIGNATURE: EL COMPACTO STATURE STORE STORE STORE AL STORE |                           |   |   |        |                                   |                          |  |   |   |  |
| PUEDIO   | R (12-98)                 |   |   |        |                                   |                          |  |   |   |  |

INHSE10 R (12-98)