2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M01939 Mar 03, 2000 8:00 am 1. Entity Name REICAR INTERNATIONAL SHIPPING CORPORATION **Secretary of State** 03-03-2000 90040 035 ***150.00 Mailing Address Principal Place of Business 8525 N W 53RD TERRACE P O BOX 83-0746 MIAMI FL 33283-0746 SUITE 118 MIAMI FL 33166-4664 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2419814 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (VALDES) VALEDS, JOSEFINA Street Address (P.O. Box Number is Not Acceptable) 9700 S.W. 72ND ST MIAMI FL 33173 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE VALDES, JOSEFINA NAME NAME STREET ADDRESS STREET ADDRESS 9700 SW 72ND ST CITY-ST-ZIP CITY-ST-7/P MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE DELGADO, CARMEN NAME NAME STREET ADDRESS STREET ADDRESS 405 N 61ST AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition - □ Delete -----TITLE TITLE_ VALDES, JOSEFINA NAME NAME STREET ADDRESS STREET ADDRESS 9700 S.W. 72ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DELGADO, CARMEN NAME NAME STREET ADDRESS STREET ADDRESS 405 N 61ST AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ether like empowered.

594-4549

Daytime Phone #

- (305)

2/18/00

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR