FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # M08244** AIR RIDE CRAFT, INC. 04-21-2000 90159 002 ***150.00 Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., 1ST UNION FINANCIAL 15840 S.W. 84TH AVENUE MIAMI FL 33157-2116 **SUITE 4600** MIAMI FL 33131 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-25 19038 Not Applicable Country \$8.75 Additional Zip 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 VAN DER WALL, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 1ST UNION FINANCIAL CENTER, SUITE 4600 200 S. BISCAYNE BLVD. **MIAMI FL 33131** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE BURG, DONALD EARL NAME NAME 15840 S.W. 84 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE HODGMAN, JAMES H. NAME STREET ADDRESS 415 A FRONT STREET STREET ADDRESS KETCHIKAN AK CITY-ST-ZIP CITY-ST-ZIP 7 Addition Change ☐ Delete TITLE TITLE TAKASUGI, JIM NAME NAME STREET ADDRESS 1310 NW 43 AVE #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lauderhill Fl ☐ Change ☐ Addition ☐ Delete TITLE LACOMBE, RAYMOND NAME NAME 1500 NE 105TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date