2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M20876 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name A-1 EXPRESS INTERNATIONAL, INC. 04-27-2000 90090 033 ***158.75 Principal Place of Business Mailing Address 1200 NW 78TH AVE. 1200 NW 78TH AVE. SUITE 112 **SUITE 112** MIAMI FL' 33126 MIAMI FL 33126-1816 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2642968 Not Applicable Country Zip Country Zio \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGRIGUEZ-JABARA, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1200 NW 78TH AVE. MIAMI FL 33126 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITL F RODRIGUEZ-JARABA, RAFAEL NAME NAME STREET ADDRESS STREET ADDRESS 1200 NW 78TH AVE., SUITE 112 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL Addition VS. Change TITLE ☐ Delete TITLE BEKERMAN, LEA NAME NAME STREET ADDRESS STREET ADDRESS 1200 NE 78TH AVE., SUITE 1132 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of trustee impowered 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

RAFAEL RODRIGUEZ-JARABA

4/24/00

305-477-6722

Daytime Phone #

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE: