FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000005959 i. Entity Name				Secretary of State 05-08-2002 90148 025 ***150.00		
						RIXI TRANSPORT, IN
DO NOT WRITE	IN THIS S	PAC	E			
2. Principal Place of Business						
7200 SW 34 Street Road Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Miami. Fl				4. FEI Number Applied For 65-0975380 Not Applicable		
Zip Country 33155 MiaMI Dade	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional	
33133 FIAMI Dade				7. Name and Address of Current Re	Fee Required gistered Agent	
DO NOT W			Name RAMON OROPESA			
DO NOT W				P.O. Box Number is Not Acceptable)		
IN THIS SP	ACE		7200 SW 34 Street Road			
			City FL Zip Code 33155			
8. The above named entity summits this statement for	r the purpose of changing its	registere				
SIGNATURE Signature, Speed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	4/24/02	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended Make Check Payable		1, Fee I d UBR I	s \$550.00 s \$61.25	10. Election Campaign Finand Trust Fund Contribution.	cing \$5.00 May Be	
11. OFFICERS AND I			sperancist or con-	S		
NAME Ramon Oropesa	Ramon Oropesa		ET ADDRESS			
CHY-ST-7IP /200 SW 34 Street	/-ST-7IP //200 SW 34 Street Road		ET ADDRESS ST-ZIP			
Miami, Fl. 33155		IΠLE	***************************************			
		NAMI CTOC	ET ADDRESS			
CITY-ST-ZIP			ST-ZIP			
ппе		TITLE				
NAME STREET ADDRESS	والمناسبين	NAMI STRF	ET ADDRESS			
CITY-ST-ZIP		8	ST-ZIP	DO NOT V	VRITE	
DTLE .		HILE		IN THIS S	DACE	
NAME STREET ADDRESS		NAME STDE	ET ADDRESS :	114 11 110 0	IAOL	
CITY-ST-ZIP		80000	ST-ZIP			
TITLE		TITLE				
NAME		NAME				
STREET ADDRESS MTY-ST-ZIP		8	T ADDRESS ST-ZIP			
NTLE		THLE				
NAME		S NAME				

13. I hereby certify that the information supplied with his 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 eport 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 fusee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like impowered.

STREET ADDRESS

CITY ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR