FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P00000007361 1. Entity Name 05-20-2002 90073 026 ***150.00 J & N EXPRESS COURIER, INC. Principal Place of Business Mailing Address 13441 SW 152ND TERR.. UNIT 1403 13441 SW 152ND TERR., UNIT 1403 MIAM! FL 33177 **MIAMI FL 33177** 2. Principal Place of Business 3. Mailing Address LOUNTAIN ALL 8831 FOUNDAND BLEU BCUB 883 SCUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65-098 270) 101 City & State City & State Applied For 4. FEI Number MAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent buenneno MENA, JOSE A FOUNTAIN BLEV 13441 SW 152ND TERR., UNIT 1403 MIAMI FL 33177 City ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this stat agent and title if applicable. -(NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy is intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DIARCTUR NAME NAME MENA, JOSE A STREET ADDRESS STREET ADDRESS 13441 SW 152ND TERR., UNIT 1403 8831 FOUNTAM BLEU BLUD#105 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33177 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE 33/22 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 ontrustee 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 gither like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON EDWARD NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

30526/625/

Daytime Phone #