2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000048970 LATINOAMERICA EXPRESS, INC. 04-30-2001 90003 049 ***158.75 Principal Place of Business Mailing Address 6960 TAFT STREET 6960 TAFT STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 6960 6960 Taft DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Hollywood 65-1011825 POUHMOOG Not Applicable Country Zip \$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 Juran CARDONA, LILIA Address (P.O. Box Number is Not Acceptable) 6960 TAFT STREET HOLLYWOOD FL 33024 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 /19/01 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, 2001 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 11. OFFICERS AND DIRECTORS 🗹 Delete TITLE TITLE NAME NAME CARDONA, LILIA Movica STREET ADDRESS STREET ADDRESS 6960 TAFT STREET 6230 Hall CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Hollywood TITLE TITLE ✓ Delete NAME MARTINEZ, CARLOS F NAME STREET ADDRESS STREET ADDRESS 6960 TAFT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Delete

Change

☐ Addition