| DOCUMENT # | P00000074481 |
|-------------------|-------------------|
| 1. Entity Name | |
| LANDSTAR SOUTH DA | DE VENTURES, INC. |

Principal Place of Business 550 BILTMORE WAY #1120 CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY #1120 CORAL GABLES FL 33134

| 2. Principal Place of Business Suite, Apt. #, etc. City & State | | 3. Mailing Address Suite, Apt. #, etc. | | _ |
|---|--|---|---------|--------------|
| | | | | City & State |
| | | Zip | Country | Zip |

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For PPLIED FOR 65-009 446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent SEISENFELD, JOSEPH J 550 BILTMORE WAY, #1120

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code FL

Fee Required

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

CORAL GABLES FL 33134

(See criteria on back)

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

Name

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ROPOLFO STERN NAME STERN, RODOLFO NAME ONI LA SSO BILTMORE WAY STREET ADDRESS 550 BILTMORE WAY, #1120 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE Delete TITLE Change Addition EDUARDO STERV NAME WEISENFELD, JOSEPH J NAME 4 1110 550 BILTMIRE WAY STREET ADDRESS 550 BILTMORE WAY, 1130 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP COPALGABLES, FL 33(34 TITLE ☐ Defete TITLE ☐ Change 🔀 Addition NAME DAULD SERVINNSKY NAME HIIIO 550 BILTMORE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CURAL GABLES, FL 33134 ☐ Delete TITLE Addition ☐ Change ROBERTO HORUITZ NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES ☐ Delete TITLE ☐ Change **E**Addition NAME BERNALD ECRITEIN STREET ADDRESS STREET ADDRESS 550 BILTMOREWAY # 1110 CITY-ST-ZIP CITY-ST-7IP <u>Coral Garles</u> FC 33134 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 secure this 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 add

CITY-ST-ZIP

SIGNATURE:

Ruddfu Sterw PRESIDENT 4/17/02 305-461-2440
Date Daytime Phone #