2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P00000102831 1. Entity Name TOWER GLOBAL LOGISTICS, INC. 04-13-2001 90035 031 ***150.00 Mailing Address Principal Place of Business 8271 S.W. 12 TERR. 8271 S.W. 12 TERR. MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address N.W. 365h 220 N.W. 21 7220 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 65-1051303 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 1.5. A= -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESA, ANGELA Street Address (P.O. Box Number is Not Acceptable) 8271 S.W. 12 TERR. **MIAMI FL 33144** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MESA, ANGELA J NAME NAME STREET ADDRESS STREET ADDRESS 8271 S.W. 12 TERR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Addition ☐ Change ☐ Celete TITLE TITLE DEL POZO, CLARA D NAME NAME STREET ADDRESS 8271 S.W. 12 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI:FL 33144 Change Addition Delete TITLE TITLE NAME GONZALEZ, ILEANA NAME STREET ADDRESS STREET ADDRESS 8271 S.W. 12 TERR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** VPOQ BINCOTOI Addition Change ☐ Delete TITLE TITLE Eduardo Del Pozo NAME NAME 8271 5.W. 12 Terrace. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL CITY-ST-7IP liam' Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

*305 252 6*07)