FILED Jul 07, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION 06-24-2003 90012 007 ***150.00 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000037186 1. Entity Name
EVA TRAVEL CORPORATION Principal Place of Business Mating Address 11870 SW 2ND STREET 11870 SW 2ND STREET NIANI, FL 33184 MIANI, FL 33184 3. Mailing Address 2. Principal Place of Business 109 NW 7 NW 109 Suite, Apt. #, etc. Suite Apt # etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 1 (Ansi Not Applicable 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 . MONTCRIFFE MONTCRIFFE, EVA 11870 SW 2ND STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33184 109 MCity 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Royal thinks Assensa invating required white reinstance) CATE FILE NOWHTHEST IS \$160 CO After MBO 1: 2003 FEE WILL DE 1850; CO J Heady Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 THLE Titti# Delete MONTERIFFE, EVA MONTCRIFFE, EVA NAME NAME 11870 SW 2ND STREET 7 NW, 109 Place STREET ADDRESS STREET ADDRESS CRZE034 MIAMI, FL 33184 MIAM! FL 33172 CITY-ST-2P CDY-St-7IP TITLE Delete TRIE Change ☐ Addition MONTCRIFFE, OSCAY ST. MONTCRIFFE, OSCAR SR. KALIS NAME STREET ADDRESS 11870 SW 2ND STREET STREET ADDRESS CHY-ST-ZP MIAMI, FL 33184 CITY-ST-ZIP ヨヨリフユ TILE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TRLE TITLE Delete ☐ Change NAME STORET ADDRESS STREET ADDRESS CITY-ST-ZP CAY-ST-ZIP TITLE Delete TOLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-51-7P TITLE Delete TRLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filting 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 portifice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

MONING OFFICER OR DIRECTOR



Miami, June 20, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: EVA TRAVEL CORPORATION

Doc Number P02000037186

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,

Eva Montcriffe

President

7 NW 109th Place Miami, FL 33172