FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 03 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # ALLIED TRANSPORPHION RESOURCE. Principal Place of Business 2646 N.E. 198 STREET MIAMI, FLA. 33170 26.46 NE 188 STREET MIANI , PLA. 33180 Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zρ Country 8. This corporation has liability for intengible tax under s. 199,032, 25 30 ☐ No Florida Statutes X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Marku Ruminet 2646 NG 188484 MIAMI PL 23180 13 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Rogistered Agent's gnature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 1000 Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ÇITY-ST-ZIP 2 4 C/TY - ST - ZIP DELETE TITLE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELE1E Change 4.1 TO LE Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - ST - Z/P TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-S1-ZIP Change DELFTE 6.1 TITLE Addition '0000213337' -04/04/97--01003--049 NAME

STREET ADDRESS

6.2 NAME

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made und 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.