FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10: 22

CORPORATION ANNUAL REPORT

1995 5-1-95 B-727

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057176 (8)

1. Corporation Name

TRANSPORTATION COCHABAMBA, INC.

Principal Place of Business	Mailing Address
~~5750 BISCAYNE BLVD. #26 MIAMI FL 33137 US~~ NEW ADDRESS 615-84 St. #2 MIAMI BEACH FL. 33141 P.O. BOX 415453	NEW ADDRESS ~~5750 BISCAYNE BLVD. #26 MIAMI FL 33137 US~~ 615-84 st #2 MIAMI BEACH FL. 33141 P.O. BOX 415453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 65-0580372
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number has been assigned ↔ APPLIED FOR P/u check w/IRS ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUAREZ, JAIME R 5750 BISCAYNE BLVD. MIAMI FL 33137 SUAREZ, JAIME R. 615-84st. # 2 P.O. BOX 415453 MIAMI BEACH FL. 33141	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	D	11 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, JAIME R	SUAREZ, JAIME R.	12 NAME	
STREET ADDRESS	5750 BISCAYNE BLVD.	615-84st. #2	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	P.O. BOX 415453 MIAMI BEACH FL. 33141	14 CITY-ST-ZIP	
TITLE			21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE			31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE			41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE			51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE			61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jaime R Suarez 4-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144410 CP