FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000028385 (0) NATIVE TREE EXPRESS INC. Principal Place of Business Mailing Address 467 East 9th. Street 467 East 9th. Street DO NOT WRITE IN THIS SPACE Hialeah, Fla. 33010 Hialeah, Fla. 33010 3. Date Incorporated or Qualified 04-13-1994 4. FEI Number 65-0481813 2a. Mailing Address 2. Principal Place of Business Not Applicable Suite, Apt #, etc Suite Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Vega, Salvador Street Address (P.O. Box Number is Not Acceptable) 467 East 9th. Street 83 Hialeah, Fla. 33010 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 affect, 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 land accept the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) Signature, typica or printed ionic of registered expirit as distent applicable. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE ☐ Change ☐ Addition NAME Vega, Salvador 1.2 NAME STREET ADDRESS 467 East 9th. Street 1.3 STREET ADDRESS CITY-ST-7)P 1.4 CITY - \$1 - 7/P Hialeah, Fla. 33013 DELETE 21 1111 5 Change ☐ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- 2IP 2. 4 CITY-S1-2IP TITLE ☐ DELETE 3.1 HILE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY-ST-ZIP DELETE 417016 Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY - ST - ZIP 4.4 C/TY - ST- ZIP DELETE 5 1 111 LE Change Addition TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-700 5.4.001Y S1-ZIP 9000002513256. -05/06/98--01051--028 DELETE TITLE 61 TITLE NAME 6.2 NAME

President 03-02-98 305-888-2893 SIGNATURE: Daytime Phone #

6.3 STREET ADDRESS

STREET ADDRESS

14. Thereby certify that the information indicated on this annual report officer or director of the co-port Block 12 or Block 13 it dranger

CITY-ST-7IP

***150.00

roll qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath, that I am an provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in