

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-23-2002 150.00
P94000039626

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039626

1. Entity Name

FLIER INTERNATIONAL CARGO, INC.

102-18060

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7282 NW 66th ST. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33166	Country USA	Zip	Country
4. FEI Number 65-0493560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LUIS C. BEDIN	
Street Address (P.O. Box Number is Not Acceptable) 7282 NW 66th ST.	
City MIAMI	Zip Code FL 33166

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 MARCELO HADDAD PRESIDENT JULY 24, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR LUIS C. BEDIN 7282 NW 66TH STREET MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100006975981 -08/08/02-01056-006 ***900.00 ***900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARCELO HADDAD 7282 NW 66 ST MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS C. BEDIN 4/22/02 305-715-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARCELO HADDAD 7/24/02

8/6/02