FILED DOCUMENT # **P94000083246** Jan 20, 2000 8:00 am **Secretary of State** INTER-AMERICAS AVIATION CONSULTING CORP. 01-20-2000 90221 032 ***150.00 Mailing Address Principal Place of Business 19016 NW 80 CT 19016 NW 80 CT MIAMI FL 33015-5209 MIAMI FL 33015 อยยยยนา 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0535200 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEJIA, HERNAN Street Address (P.O. Box Number is Not Acceptable) 19016 NW 80TH CT **MIAMI FL 33015** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PSTD** ☐ Change ☐ Delete TITLE TITLE MEJIA, HERNAN NAME NAME STREET ADDRESS 19016 NW 80 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 □ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZH - - []-Change - Addition -☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director diversecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive or trustee empowered to changed, or on an attachment with an address, with all ner like empowered. HERNAN MEJIA 305 829-0777 SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

13. I hereby certify that the information supplied with this it indicated on this report or supplemental report is true a