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PROFIT CORPORATION ANNUAL REPORT

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018267

Corporation Name

B.C. CARRIER SERVICE, INC.

Principal Place of Business
12805 S.W. 45 LN.
#124
MIAMI FL. 33175

Mailing Address
P.O. BOX 833102
MIAMI, FL. 33283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
State, Apt. #, etc.
City & State
Zip | Country | 25

2a. Mailing Address | 26
State, Apt. #, etc. | 27
City & State | 28
Zip | 29 | Country | 30

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number 65-0562849 | 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITZA MELENDEZ
12805 S.W. 45 LN.
MIAMI, FL. 33175

10. Name and Address of New Registered Agent

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 Mitza Melendez DATE
(NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS

TITLE P/T/D
NAME ROBERTO LEON
STREET ADDRESS P.O. BOX 833102
CITY-ST-ZIP MIAMI, FL. 33283

TITLE VP/S
NAME MITZA MELENDEZ
STREET ADDRESS P.O. BOX 833102
CITY-ST-ZIP MIAMI, FL. 33283

TITLE D
NAME ORLANDO OLIVERA
STREET ADDRESS P.O. BOX 833102
CITY-ST-ZIP MIAMI, FL. 33283

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (3/95)

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.

Mitza Melendez