FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** LLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAY 29 PM 12: 00 DOCUMENT #
1. Corporation Name P95000073994 (2) SECRETARY OF STATE TALLAHASSEE, FLORIDA PCN SYSTEMS CARGO INC. Principal Place of Business Mailing Address 12517 N.W. 7TH LANE 12517 N.W. 7TH LANE MIAMI FL 33182 MIAMI FL 33182 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0617729 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo CRUZ, ROQUE P 12517 N.W. 7TH LANE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33182 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) Standard types or unsted mass, of two stated agent and title transit able OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE CRUZ, ROQUE P 1.2 NAME NAME **800002546588--**-06/03/98--01097--02 12517 N.W. 7TH LANE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 1.4 CITY - ST- ZIP **地名版 50 00** tion ****150.00 DELETE T#LE 2.1 TITLE AAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-ST-ZiP DELETE Change __ Addition 31 1IILE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 2IP 3.4. CHY-SI-ZIP DEFETE Change Addition 4.1 TO LE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE

CITY-S1-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the 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 oat 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 Block 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

6111111 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4-30-98

Change

Addition