2001\_UNIFORM BUSINESS REPORT (UBR) DOCUMENT #P96000013566 こはよし LOAE JARY OF 5 PATE SPEEDLINE USA INC. →VISION OF CORPORATION: OLAUG -7 AM 9:40 Mailing Address Principal Place of Business 45 Washington ave 665 WASHINGTON AUE MIAMI BEACH FL.33139 MIAMI BEACH FL.33139 2. Principal Place of Business 3. Mailing Address WASHINGTON AUE WASHINGTON AVE ८७८ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-08<del>0</del>0243 Not Applicable \$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 IPATRICK MOYAL 82 N. UNIVERSIT BANK OF AMERICA BUILDING REMBROKE PINES 930 WASHINGTON FL.33024 MIAMI BEACH Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 28 JUNE 200 SIGNATURE . 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so \_🗀\_ Trust Fund Contribution \_\_\_\_ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PRESIDENT Change PRESIDEUT. Delete TITLE EO A. MENA NAME MAME PHILIPPE I 15 WASHINGTON AUE. SUITE 18 VE. # 1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL. 33139 CITY-ST-ZIP TITLE vice-President ☐ Delete TITLE LANAC NAME NAME STREET ADDRESS STREET ADDRESS S WASHINGTON CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH ☐ Change Addition TITLE ☐ Delete TITLE NAME 100004527311--6 -08/09/01--01061--014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 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 Block 12 if changed, or on an attestment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-01

305-534-9700
ate Daytime Phone #