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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029162 (0)

FILED May 29 1998 8:00am Secretary of State

SEA & AIR EXPRESS (MIA), INC. Principal Place of Business Mailing Address 7220 N.W. 36 STREET, SUITE 611 7220 N.W. 36 STREET, SUITE 611 MIAM! FL 33166 MIAM! FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Arplied For 65-0405771 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Cortificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Added to Fees 23 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yos ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PEREZ. JUAN E 7220 N.W. 36 STREET, SUITE 611 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166 B3** City 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 Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes SIGNATURE Signature, types or printed name of requirered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE PEREZ, JUAN E 1.2 NAMI NAME 7220 N.W. 36 STREET, SUITE 611 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** 1.4 CITY-ST-71P CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 111116 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP TITLE __ DELETE 4 1 100 Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 HILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- ST- 7IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7IP

14. Thereby certify that the information supplied with this filling 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 supplier by annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the c

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