2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600036897 Sep 08, 2000 8:00 am Secretary of State 1. Entity Name AIR-O-SEA CARGO CORP. 09-08-2000 90004 005 ***550.00 Principal Place of Business Mailing Address 7508 NW 54 ST-7508 NW 54 ST MIAMI FL 33166 MIAM) FL 33166 3. Mailing Address 2. Principal Place of Business Grandon Blud Blub *⊘*∂∠ 260 Crandon Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #32-68 32-68 Applied For City & State City & State 4. FEI Number 65-0661549 Cay BUSCAYNO Not Applicable \$8.75 Additional 5. Certificate of Status Desired K IN Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHESSIM GROSSMAN, JON L Street Address (P.O. Box Number is Not Acceptable) 7508 NW 54TH ST HAMPTON MIAMI FL 33166 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, typed or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 .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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. ☐ Addition Change ☐ Delete TITLE TITLE GROSSMAN, JON NAME NAME 375 HAMPTON LANG STREET ADORESS STREET ADDRESS 7508 N.W. 54 STREET CITY-ST-76 CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered. A STILL OF THE

SIGNATURE: