2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000046376 Apr 27, 2001 8:00 am Secretary of State 1. Entity Name INFINITI CARGO INC. 04-27-2001 90001 019 ***150.00 Principal Place of Business Mailing Address 8357 W. FLAGLER ST. 8357 W. FLAGLER ST. 144 144 MIAMI FL 33144 **MIAMI FL 33144** US US 2. Principal Place of Business 3. Mailing Address 145 AVE 9821 SW 485T 2M Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0668343 IAM IAMI-Not Applicable Country Country \$8.75 Additional 33186 5. Certificate of Status Desired 186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADRID, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 14308 SW 102 STREET MIAMI FL 33186 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTSD Change ☐ Addition TITLE Delete TITLE MADRID, CLAUDIA NAME NAME 9821 sw 14308 SW 102 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33186 ☐ Addition ☐ Delete Change Change TITLE TITLE CASTANO, ANGELA M NAME NAME STREET ADDRESS 8357 W. FLAGLER ST., SUITE 144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

→ Daytime Phone #