FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 P96000076687 (8) DOCUMENT # P.P.F. TRANSPORT, INC. Principal Place of Business Mailing Address 15911 NE 18TH CT 15911 NE 18TH CT NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 2a. Mailing Address N.W 83A00 940 Suite, Apt. #, etc. City & State 23 Country 30 9. Name and Address of Current Registered Agent 81 Name MARIN, CARLOS A 19940 N.W. 83 AVE 82 **MIAMI FL 33015** 83 84 City SIGNATURE Signature, typed or printed name of registered agent and little if applicable 12, OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE MARIN, CARLOS A NAME 12 NAME 15911 NE 18TH CT STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE NAME 22 NAME 経事 STREET ADDRESS 2.3 STREET ADDRESS

FILED Feb 19 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1996 4. FEI Number Applied For 65-0700790 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby 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 supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

22/21

9-13-98 305-829.2955

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