2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P96000091782 1. Entity Name ___ POWER SHUTTLE, INC. 05-03-2000 90066 044 ***158.75 Principal Place of Business Mailing Address 7424-B NE_2NO AVE 7424-B NE_2ND-AVE MIAMIFE 33138 MHAMT FL 33138-5312 11530 NE 12 Mare 6848 SW 3 iani MIRAMAY, incipal Place of Busine 530 Suite, Apt. #, etc. Suite, Apt. #, etc Lami City & State 4. FEI Number Applied For City & State 65-0708756 IRAMAR Not Applicable \$8.75 · Additional ... 5. Certificate of Status Desired - X Fee Required 3302 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARJA. MEUS, CELINE Street Address (P.O. Box Number is Not Acceptable) 11530 NE 12 AVE MHAMI FL 33161 8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS POWER MEYST CFO Delete TITI F NAME 11530 NE 12th avenue NAME MEUS, POWER II STREET ADDRESS STREET ADDRESS 11530 NE 12 AVE CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33169** VERONICA Edward. Addition ☐ Delete TITLE TITLE EDWARDS, VERONICA NAME NAME 5634 NW 14 CT STREET ADDRESS STREET ADDRESS 56 NW 14 CT uaderHill 88318 FL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33313 TITLE -: SEN ean-Yves MORPEAU Change Delete PAUL, JACQUES NAME NAME STREET ADDRESS STREET ADDRESS 1845 NW 55 AVE APT 1 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33313 Ed wards Change Delete TITLE TITLE 10 PHILIPPE, JEAN NAME 634211014Ret STREET ADDRESS STREET ADDRESS 630 NE 6 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F TITLE 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 life empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POWER MEUS I

11/00 899-1462