.2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700001719 May 31, 2000 8:00 am Secretary of State 1. Entity Name INTERNATIONAL SPEED BUSINESS INC. 05-31-2000 90042 018 ***150.00 Mailing Address Principal Place of Business 1214 SW 2ND ST 61 EAST 43RD.ST -MIAMI FL 33135-2404 HIALEAH FL 33013 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0739411 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent :6.: Name and Address of Current Registered Agent GONZALEZ, MIGUEL Street-Address (P.O. Box Number is Not Accept 1214 SW 2ND STREET **MIAMI FL 33135** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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. **PSD** TIT! F ☐ Addition TITLE Delete GONZALEZ, MIGUEL-NAME NAME -61 E. 43RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 93013 Delete TITLE TITLE HERNANDEZ, ALEJANDRO-NAME NAME STREET ADDRESS STREET ADDRESS 430 EAST 28 ST., APT. 6 CITY-ST-ZIP CITY-ST-ZIP HIALEAM FL 33013 ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 supplier entarreport syrue 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 ituate 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 a proposed.

SIGNATURE:

SIGNATURE AND TYPED OF AR

FED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00

(305) 793-0689

Daytime Phone #