FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

▶ PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT 20 AM 10:51 DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE TALLAHI/SSEE, FLORIDA P97000065887 (6) DOCUMENT # GEAR BOX XPRESS INC. Principal Place of Business Mailing Address 2123 W 60TH ST 2123 W 60TH ST HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 4. FEI Number Applied For 2. Principal Place of Business 12/26 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DELGADO, DONALD Name 13770 SW 46TH TERR 82 Street MIAMI FL 33175 83 ts this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboveoffice or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes 's board o SIGNATURE ame of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE UAREZ 93ª PLACE 1.2 NAME NAME 12/26 NW 100002672971---10/26/98--01116--026 1.3 STREET ADDRESS STREET ADDRESS 3301 HIALCAH 1.4 CITY-ST-ZIP CITY-ST-ZIP PRESIDONI DELETE 2.1 TITLE TITLE DONALD DEZGADO 2.2 NAME NAME 46 TERRACE /3770 SW 2.3 STREET ADDRESS STREET ADDRESS MIAMI 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 2**971** -0116-027 JHAIR J ROMERO 3.2 NAME NAME 76 STREET WIT104. -10/26/98-2461 W 3.3 STREET ADDRESS STREET ADDRESS *****58.75 330/6 *****58.75 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE 40.26.98 TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE

6.2 NAME

14. I hereby certify that the information supplied with his 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 suppliementar 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 focuser 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, of on an attachment with an address.

REQUIRED

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP