2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2000 8:00 am Secretary of State DOCUMENT # P98000003166 1. Entity Name 🗽 SOUTHSTREAM AVIATION INC. 05-21-2000 90007 049 ***150.00 Mailing Address Principal Place of Business 1541 NW 92 AVE 1541 NW 92 AVE PEMBROKE PINES FL 33024-4605 PEMBROKE PINES FL 33024-4605 ACU58475 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0804101 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANG, NOEL L JR Street Address (P.O. Box Number is Not Acceptable) 1541 NW 92 AVE PEMBROKE PINES FL 33024-4605 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. 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 (9.1 This corporation is eligible to satisfy its Intangible 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. Trust Fund Contribution. Added to Fees (See criteria on back) M Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE NAME NAME TV- CHANG, NOEL L Delete TITLE NAME STREET ADDRESS STREET ADDRESS 1541 NW 92 AVE CITY-\$1-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Addition Delete TITLE Change TITLE NAME CHANG, ELIZABETH S STREET ADDRESS STREET ADDRESS 1541 NW 92 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Change Delete TITLE MAN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

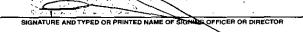
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



4-22-50

954-292-7911