FILED 200 #UNIFORM BUSINESS REPORT (UBR) May 03, 2004 8:00 am DOCUMENT # 7980000 28763 Secretary of State OFFICIAL TOURS TRANSPORTATION, INC. 05-03-2004 91051 049 ***150.00 Principal Place of Business 7337 A NW 565T P. D. BOX 66 9126 44043902 Miami, 11 33166 Miami, 1/ 33/66 2. Principal Place of Business 7337A NW 565T 3. Mailing Address (P・O・Box 669126 Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE 4. FEI Number 65-0860 281 City & State City & State Applied For Mi'ami' Miomi Not Applicable 33166 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARMONA, GONZALO GONZALO L. CARMONIA 7337 A NW 565T Address (P.O. Box Number is Not Acceptable) NW_565t Miami, \$1 33 166 MIami 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. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE CR2E034 (11/00) Delete Consalo 2. Comona CALMONA GONZALO L. 7337 A NW 565T NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mion: 11 33/66 CITY-ST-ZIP TITLE Delete TITLE **C**hange Addition Fernando Bedoya Eunando Bedoya NAME NAME 7337 A NW 5655 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 lental about is true and accurate and the my signature shall have the same legal effect as if made under oath; that I am an officer or director rivingle empowered to execute this regard as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or suppl of the corporation or the receive changed, or on an attachment SIGNATURE: 노

SIGNING OFFICER OR DIRECTOR

Daytime Phone #