FILED 2003 FOR PROFIT CORPORATION May 29, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P98000028763 DOCUMENT # 1. Entity Name 05-29-2003 90139 039 ***150.00 OFFICIAL TOURS TRANSPORTATION, INC. Principal Place of Business Mailing Address 7370 NW 36 ST ST 415K 7370 NW 36 ST SU #415K 415K 415K MIAMI FL 33166 MIAMI FL 33166 US US 2. Principal Place of Business 3. Mailing Address 7370 NW 36 51 5/ 415K 7370 WW 36 5T Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 418K City & State City & State 4. FEI Number Applied For 65-0860281 Miomi Miam Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 3166 (15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALD L. CARMONIA CARMONA, GONALO L-Street Address (P.O. Box Number is Not Acceptable) 7370 NW 36 ST SU#415K **MIAMI FL 33166** Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE PD ☐ Delete ☐ Addition 6 on 3 Alo 2. Commona 7370 NW 36 ST Sud 415K NAM: CARMONA, GONZALO L NAME STREET ADDRESS 7370 NW 36 ST SUT #415K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M/m, 1/ 33/6 MIAMI FL 33166 ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME BEDOYA, FERNANDO A STREET ADDRESS STREET ADDRESS 7370 NW 36 ST SUI #415K CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director yeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the all others the engage of the same status of the same 12. I hereby certify that the information supplied with indicated on this report or supplementa of the corporation or the receiver or trachanged, or on an attachment wi

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Davtime Phone #