2000 UNIFORM BUSINES'S REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P98000029424 1. Entity Name ASSIS INTERNATIONAL CORPORATION 03-15-2000 90028 046 ***150.00 DBA: EDSON LUXURY CAR RENTALS Mailing Address Principal Place of Business P O BOX 970905 4713 BALDRIC ST **BOCA RATON FL 33497-0905 BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business 2125 Biscayne Blud. 2125 BISCAYNE Blud. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 300 Sulte Suite 300 Applied For City & State 4. FEI Number City & State 65-0824453 FL FL MIAMI MIAMI Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired USA ろろりろう Fee Required 33137 U5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDSON Pls. see new ASSIS, ADSON Street Address (P.O. Box Number is Not Acceptable) 4713 BALDRIC ST **BOCA RATON FL 33428** TEL (305) 5,73-4545 Zip Code FAX (305) 573-0150 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 2 PSTD Change PSTD ☐ Addition Delete TITLE TITLE ASSIS, EDSON ASSIS, EDSON NAME NAME 2125 BISCAYNE BINd , #300 9697 ARBOR OAKS LANE STREET ADDRESS STREET ADDRESS FL 33137 CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED