2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000054664 Aug 28, 2000 8:00 am Secretary of State TRANSMISSION PRODUCTS OF LATIN AMERICA, INC. 08-28-2000 90034 023 ***550.00 Principal Place of Business Mailing Address 4739 TRANSPORT DRIVE BLDG. #5 4739 TRANSPORT DRIVE BLDG. #5 TAMPA FL 33605 TAMPA EL 33605 A0074623 2. Principal Place of Business 6401 Harney A01 Harne Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite E Applied For City & State City & State 4. FEI Number 59-3518087 -la. Not Applicable ampa Country \$8.75 Additional 5. Certificate of Status Desired AZN Fee Required 33610 usA 3610 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOBSON, PETER J O, Box Number is Not Acceptable) **600 EAST MADISON STREET** TAMPA-FL-33602 Zip Code 33410 City 8. The above named equity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intand 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT TITLE ☐ Addition ☐ Delete TITLE TAYLOR, WILLIAM C NAME NAME CAOI Harney Rd. 4739 TRANSPORT DRIVE BLDG, 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33605 CITY-ST-ZIP Change ☐ Addition TITLE TITLE PRIETO. FLORENTINO NAME NAME 4739 TIANOPORT DRIVE BLDG., #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME TOWN BAR STREET ADDRESS STREET ADDRESS MO 12 711812 74 5154 CITY-ST-ZIP CITY-ST-7IP THE BUSH Change ☐ Addition TITLE TITLE ☐ Delete 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-ZIP 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. N Same

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN