FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State P99000004798 DOCUMENT # 1. Entity Name 09-16-2002 90098 003 ***550.00 FREYRE FREIGHT, INC Principal Place of Business Mailing Address 17501 N.E. 9TH AVENUE AVENUE NORTH MIAM BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 95/NE/813 Street 3. Mailing Address 951 NE 181 S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0887530 Doath Minni Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent FREYRE LOURDES L 17501 N.E. STH AVENUE NORTH/MIAMI BEACH FL 33162 City North Miami Beach 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. I am familiar with, and accept the obligations of registered SUPT 10-2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee 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 **Addition** TITLE Delete TITLE PTD MANUEL FREYRE 951 NE 1818 STREET NORTH MIANI BEACH NAME FREYRE, LOURDES L STREET ADDRESS STREET ADDRESS 17501 N.E. 9TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Addition TITLE **VSD** □ Delete TITLE NAME NAME FREYRE, AMALIA STREET ADDRESS STREET ADDRESS 17501 N.E. 9TH AVENUE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Change ☐ Addition Delete TITLE JITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIE

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SIGNATURE:

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