2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000041987 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name P & F INTERNATIONAL AIR INC. 04-10-2000 90104 016 ***158.75 Principal Place of Business Mailing Address 2742 3.W. 8TH STREET 2742 C.W. STH STREET **#20**1< MIAMILEL 33136 WANTE STREET 2. Principal Place of Business 3. Mailing Address 1367 DO NOT WRITE IN THIS SPACE Applied For Weston City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3 32 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVADENEIBA-CLARA-Street Address (P.O. Box Number is Not Acceptable) 2742-8-W-STIT STREET 4000 Towerside 703 MAMI-FE 33 135 for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILÉ NOW!!! FEE IS \$150.00 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 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE KEMPF, MICHAEL NAME NAME STREET ADDRESS 1711 BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33141 ☐ Addition Change 🙎 Delate TITLE RIVADENEIRA, CLARA NAME NAME STREET ADDRESS STREET ADDRESS 2742 S.W.: 8TH ST #201 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33135 Addition ☐ Change ☐ Delate TITLE TITLE PHILLIPS, PEDRO D ÑAME NAME 4000 TOWERSIDE TERRACE NO. 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 Addition Delete TITLE TITLE PHILLIPS, FRANCO D NAME NAME 4000 TOWERSIDE TERRACE NO. 703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Addition ☐ Change ☐ Delete TITLE 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-ZIP

13. I hereby certify that the information supplied with this filing cloes 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.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

954-381-6089