P9900063136 UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all other like empowered.

TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P99 0000 63136 2002 APR -5 PM 12: 42 1. Entity Name Rapidvan Corporation DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For ity & State 4. FEI Number U5-04887 Miam Not Applicable ulam \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street IN THIS SPACE City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee Is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President TITLE TITLE Acuilar, Gabriel A NAME NAME STREET ADDRESS STREET ADDRESS 15309 SW 111 ST CITY-ST-ZIP CITY-ST-ZIP 1am 1 , FL 33188 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 500005236725----04/10/02--01085--001 NAME STREET ADDRESS STREET ADDRESS ****158.08 CITY-ST-7IP CITY-ST-ZIP 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 on an analysis of the corporation of the second of the corporation of the second of the second