2001 UNIFORM BUSINESS REPOR' (UBR)

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P9900064934 1. Entity Name 05-15-2001 90090 050 ***150.00 MICHAEL MOTORS, INC. Principal Place of Business Mailing Address 10100 NW 80 AVENUE 10100 NW 80 AVENUE HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0944061 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAEZ, ISAIAS Street Address (P.O. Box Number is Not Acceptable) 10100 NW 80 AVENUE HIALEAH GARDENS FL 33016 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Change CR2E034 (10/00) PD PAEZ, ISAIAS NAME PAEZ, ISAIAS NAME STREET ADDRESS 10100 NW 80 AVENUE STREET ADDRESS UA 08 WILL DOLOI CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE TITLE Delete ☐ Change Addition MEJIA, JAIRO B PORRAS YAMILA 10100 NW BO AU NAME NAME STREET ADDRESS 10975 SW 107 STREET, BLDG. 5, APT. 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176 33016 HIALEAH G-DS FL TITLE Delete TITLE Change ☐ Addition PORRAS, YAMILA NAME NAME STREET ADDRESS 10100 NW 80 AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 frue 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 production of the corporation or the receiver or trustee empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: L