FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P99000095947 1. Entity Name 05-22-2000 90009 039 ***158.75 ALL USA EXPRESS CORP. Principal Place of Business Mailing Address 3445 NOW PORNO ST 3445 MAJUÉND ST MIAMI FJ/33147-1533 MIAMI FC 82147 2. Principal Place of Business 3. Mailing Address 1681-2: N.W Suite, Apt. #, etc. 16812 N.W. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-100424 Not Applicable Pendino 33016 <u>Miami</u> Miami, ida / Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ildemaro Perez GOMBY, MAGALY Street Address (P.O. Box Number is Not Acceptable) 3445 NW 102ND ST 16812-N.W-83-Avenue MIAM/ FL 33147 Zip Code City 33016 Miami 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 Signsture, typed or printed name of registered agent and type if applicable. (NOTE: Registered Age 10. Election Campaign Finance 9. This corporation is eligible to satisfy its Intengible FILE NOW!!! FEE IS \$150.00 \$5.00 мау ве After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. -D Added to Fees - Trust Fund Contribution. -Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition P.T.S.D Change Delote TITLE TITLE NAME GOMEZ, MAGALY NAME Ildemaro Perez STREET ADDRESS STREET ADDRESS 3445 NW 102ND ST 16812 N.W. 83 Avenue CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 Miami, Florida 33016 Change ☐ Addition TITLE TITLE SD **Delete** NAME NAME LARA, EDUARDO STREET ADDRESS STREET ADDRESS 2833 S.W. 39TH AVENUE CITY-ST-71P CITY-ST-ZIP MIAMI FL 33134 Change Addition **X** Delete TITLE NAME PONCE THOMAS A-NAME STREET ADDRESS STREET ADDRESS -16812: N:W:-83RD-AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33016 Change Addition TITE F ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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. <u> 305-8282697</u> SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/0