UNIFORM BUSINESS REPORT (UBR) ENT # P9900098001 FILED SEGRETARY OF STATE 1. Entity Name TIVISION OF CORPORATIONS Cargo Logistic USA, Inc. 01 JUN -7 PM 1:22 Principal Place of Business Mailing Address 510 NE 167 Street 510 NE 167 Street N. Miami Beach, 31 No. Miami Beach Florida 33162 Florida 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0963115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maignan, Jean-Patrick Street Address (P.O. Box Number is Not Acceptable) 510 NE 167 St. North Miami Beach, F1 City Zip Code FL 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 . (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 filling requirement and elects to do so.-After MAY 1, 2001-Fee will be \$550.00 .. Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE President, VP, Trs. ☐ Detete ☐ Change Addition 600004/435676 NAME Maignan, Jean-Patrick STREET ADDRESS -06/21/01--01086--023 STREET ADDRESS 510 NE 167 St. No. Miami Beach CITY-ST-ZIP CITY-ST-ZIP ****308.75 ****308.75 33162 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 en empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information sup indicated on this report or supplementa

indicated on this report of supplienting upon is also associated the corporation or the receiver or trusted empowered to execute this report as required by changed, or on an attachment with an attackess, with all other like empowered.

Jean-Patitick Maignan, President

SIGNATURE: