MAY-01-2002 10:11 P.01

DOCUMENT # P99000101684

VIPER CARGO IMPORT & EXPORT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -1 [redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
VIPER CARGO IMP. EXP. CORP. 8315 NW 64th St, Bay 2 Miami, Florida 33166	VIPER CARGO IMP. EXP. CORP. 8315 NW 64th St, Bay 2 Miami, Florida 33166

2. Principal Place of Business	3. Mailing Address
8315 NW 64th STREET	8315 NW 64th STREET
Suite, Apt. #, etc.: SUIT 02	Suite, Apt. #, etc.: SUIT 02
City & State: MIAMI - FL	City & State: MIAMI - FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0962426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired. ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERNSTEIN, SONIA
2298 NW 82 AVE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: ______ 04/06/00
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

9. If corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. See criteria on back ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: GERNSTEIN, ISAAC STREET ADDRESS: 8315 NW 64th Street Bay 2 CITY-ST-ZIP: MIAMI FL 33166 ☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS: 8315 NW64 th STREET STE 02 CITY-ST-ZIP: MIAMI - FL 33166
TITLE: D NAME: GERNSTEIN, SONIA STREET ADDRESS: 8315 NW 64th Street, Bay 2 CITY-ST-ZIP: Miami Fl 33166 ☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS: 8315 NW 64th STREET STE 02 CITY-ST-ZIP: MIAMI - FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 900005598779--7 -05/23/02--01009--019 ***1050.00 ***1050.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition TITLE NAME 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 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: ______ 04/06/00 (305) 5999593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.01