2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000106470 DOCUMENT #

7900 N.W. 68TH STREET

2. Principal Place of Business

MERCHAN, ORLANDO

2730 S.W. 74 WAY

Suite, Apt. #, etc.

City & State

IMAIM

5571 NW 74 Aue

FL

Country

U.S.A

6. Name and Address of Current Registered Agent

MIAMI FL 33166

1. Entity Name ELDORADO AIR CARGO INTERNATIONAL CORP. Principal Place of Business Mailing Address

7900 N.W. 68TH STREET

5571 NW.

MIAMI FL 33166

3. Mailing Address

City & State

IMA IM

33166

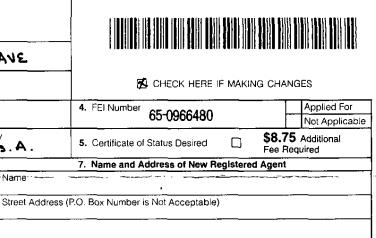
ered agent and title if applicable.

Suite, Apt. #, etc.

FILED May 01, 2003 8:00 am 3 Secretary of State

05-01-2003 90369 040 ***150.00





8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age

74 AVE

Country

ر. ع. A .

City

FL.

SIGNATURE

APT. 2705 DAVIE FL 33314

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete Lopez. Huber NAME NAME STREET ADDRESS CALLE 92 #111A26, APT. 102 STREET ADDRESS BOGOTA, COLOMBIA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MERCHAN, ORLANDO NAME STREET ADDRESS 2730 S.W. 74TH WAY, APT. 2705 STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME LOPEZ, HUMBERTO NAME STREET ADDRESS STREET ADDRESS CALLE 29 #34-30, APT. 401 CITY-ST-ZIP CITY-ST-ZIP BOGOTA, COLOMBIA ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

3101

☐ Delete

Date

Daytime Phone #

☐ Change

Addition