PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** S87959 WHEELER TRANSPORTATION, INC. Mailing Address Principal Place of Business 5520 NW 35TH AVE 5520 NW 35TH AVE MIAMI FL 33142-2704 MIAMI FL 33142-2704 3a. Date of Last Report 3. Date Incorporated or Qualified 10/17/1991 04/19/1995 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business 65-0287580 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country ☐ Yes ☐ No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) WHEELER, AUDREY 82 9860 N.W. 15TH STREET 83 PEMBROKE PINES FL 33024 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUR! [NOTE Registered Agent signative required when reinstativity) Superfine type due printe timere of regularish agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1. 1 TITLE 1 luF WHEELER, AUDREY 12 NAME NAME 9860 N.W. 15TH STREET 1.3 STREET ADDRESS STEEL ACCRESS PEMBROKE PINES FL 1.4 CITY - ST - ZIP COY SI-26 Addition Change [] DELFTE 2 1 TITLE HUE 2.2 NAMÉ NAMi 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHY \$1-7F Change ☐ Addition [] DELETE 3. 1 TITLE PHF 32 NAME NAME 3.3 STREET ADDRESS STREET ACCORESS 3.4 City - ST - ZIP CITY ST ZIP Change ☐ Addition DELFTE 4.1 THLE 11117 42 NAME NAME 4.3 STREET ADDRESS STRUET ADDRESS 4 4 C(1Y - \$1 - ZIP CUTY - ST- ZIP Change ■ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am any efficer 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 ck 13 if changed, or on an attachment with an address appears in Block

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