2000 UNIFORM BUSINESS, REPORT (UBR) FILED DOCUMENT # 2621 Apr 13, 2000 8:00 am 1. Entity Name Secretary of State CARGONAUTS, INC. 04-13-2000 90085 041 ***150.00 Principal Place of Business Mailing Address 2050 N.W. 95th AVE. SAME 33172 MIAMI, FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0325663 Zip Country 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 <u>GEORGE DE POZSGAY</u> SALMON, BIBIANA Street Address (P.O. Box Number is Not Acceptable) 2050 N.W. 95th AVE. SUITE#210 MIAMI, FL 33172 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. GEORGE DE POZSGAY 4/04/2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XX Change Addition TITLE TITLE XX Delete PRESIDENT/DIRECTOR PRESIDENT NAME NAME LY BIBIANA SALMON-SPENCER STREET ADDRESS STREET ADDRESS VICUNA, CLAUDIO 2962 N.W. 98th PL. CITY-ST-ZIP CITY-ST-ZIP 2050 N.W. 95th AVE. MIAMI, FL 33172 ☐ Change ★★ Addition XX Delete TITLE SECRETARY/TRESURER **SECRETARY** NAME SALMON, BIBIANA GEORGE DE POZSGAY STREET ADDRESS STREET ADDRESS 2950 S.W. 27th AVE. Ste#210 MIAMI, FL 33133 2050 N.W. 95th AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete Change . Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of supplication in the report is frue 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 of frustee 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 the empowered.

CITY-ST-ZIP

SIGNATURE: 4 1 1000 SAMUNDS DIBLA BIBLA

CITY-ST-ZIP

Ø (305)5<u>94-0005</u>