## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnan ANNUAL REPORT Scholary of State 1996 D-VISIOL. CORPORATIONS DOCUMENT # 225552 REEDY FORWARDING COMPANY, IR. Principal Place of Business icipal Place of Business
631 S.W. 21 RQ P.O. BOX 522471 MIANI FLORIDA MIANI, FL 33152 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mairing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27  $\Box$ Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability of intangible tax under s. 199.032, Flor.du Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ETTORE RONCONI Street Address (P.O. Box Number is Not Acceptable) 631 S.W. 21 ROAD MIAMI FLORIDA 33129 83 84 City Zip Code 17. 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 Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam **SIGNATURE** 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIGE 1 1 10 LE Change Addition NAME 1.2 NAME STREET ADDRESS 3 STREET ADORESS City S1-2i6 1.4 CHY ST-ZIP 3,11T DELFTE 2 1 III. E Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2.4 CITY - ST - ZIF TITLE DELF 1E 3 1 TIT. F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET APORESS CITY - ST - ZIF 3.4 CHY - ST - ZIP TITLE DELETE 4 1 TITLE 000001808850 Addition NAME 4.2 NAME -05/06/96--01030--024 STREET ADDRESS 4.3 STREET ADDRESS \*\*\*200.00 C!TY-ST-ZIP 4.4 City - ST- Zift TIFLE DELETE 5 1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - ST - ZiP 5.4 City - ST - ZIP TiTLE DELETE 6 1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS CITY ST-ZP 64 C-17 - ST - 7-P 14. I do hereby certify that the information supplied with this filing is voluntarily furnicertify that the information indicated on this annual report or supplicanental arrocath; that I am an officer or director of the corporation or the deliver or trusto appears in Block 12 or Block 13 if changed, or of an attribute ment with an oddr hed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further all report is true and accurate and that my signature shall have the same legal effect as it made under a empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name iddress SIGNATURE: SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

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