

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K56052 (9)**

1. Corporation Name

REX AIR & OCEAN FREIGHT, INC.



Principal Place of Business

Mailing Address

ATTN: TAX DEPT.
P. O. BOX 610008
DFW AIRPORT TX 75261

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P. O. BOX 610008
DFW AIRPORT TX 75261

3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 07/07/1995
4. FEI Number 65-0090748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 706 Mission Street Suite, Apt. #, etc. 22 Suite 1000 City & State 23 San Francisco, CA Zip 24 94103	2a. Mailing Address 26 706 Mission Street Suite, Apt. #, etc. 27 Suite 1000 City & State 28 San Francisco, CA Zip 29 94103	Country 25 San Francisco	Country 30 San Francisco
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9. Name and Address of Current Registered Agent

C T Corporation System
c/o C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name Ralph Gazitua
82 Street Address (P.O. Box Number is Not Acceptable) 2970 NW 75th Ave.
83
84 City Miami
FL 85 Zip Code 33122

11. Pursuant to the provisions of Sections 607.032 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Ralph Gazitua

4-11-96

Signature, typed or printed name of registered agent, the Applicant (Print Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LLANO, CESAREO <input type="checkbox"/> DELETE	1.1 TITLE	DP LLANO, CESAREO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9020 N.W. 12TH STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WITT, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	S BALBOA, TONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	125 E. JOHN CARPENTER	2.2 NAME	
STREET ADDRESS	IRVING TX	2.3 STREET ADDRESS	706 MISSION ST., STE. 1000
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94103
TITLE	VPD ANDERSEN, CARSTEN <input type="checkbox"/> DELETE	3.1 TITLE	T BURNS, BRENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	125 E. JOHN CARPENTER	3.2 NAME	
STREET ADDRESS	IRVING TX	3.3 STREET ADDRESS	706 MISSION ST., STE. 1000
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 oath, that I am an officer or director of this corporation or the receiver or assignee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 (415) 904-8000

DATE

CR2E034 (12/95)