

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:17

DOCUMENT # P39816 (4)

1. Corporation Name
CARI-FREIGHT SHIPPING COMPANY, LIMITED

Principal Place of Business Mailing Address
3625 NW 82 AVE 3625 NW 82 AVE
STE 215 STE 215
MIAMI FL 33166 MIAMI FL 33166
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/24/1992 3a. Date of Last Report 06/13/1994
4. FEI Number 65-0347433 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
AMBASSADOR AGENCIES, INC.
3625 NW 82 AVE
STE 215
MIAMI FL 33166

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartered)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MOSS-SOLOMON, PETER
STREET ADDRESS	64 HARBOUR ST.
CITY- ST- ZIP	KINGSTON, JAMAICA
TITLE	S
NAME	MCLARTY, RACHEL
STREET ADDRESS	3625 NW 82ND AVENUE, SUITE 215
CITY- ST- ZIP	MIAMI FL
TITLE	P
NAME	GIROD, E. A.
STREET ADDRESS	3625 NW 82ND AVENUE, SUITE 215
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	BITTER, PAUL
STREET ADDRESS	64 HARBOUR ST.
CITY- ST- ZIP	KINGSTON, JAMAICA
TITLE	D
NAME	TERRIER, BRUCE
STREET ADDRESS	23 DOMINICA DR.
CITY- ST- ZIP	JAMAICA, W.I.
TITLE	D
NAME	GOODARD, JOE
STREET ADDRESS	3625 NW 82ND AVENUE, SUITE 215
CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(6)(b), 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 the corporation, or the officer or trustee 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, or on an attachment with an address.

SIGNATURE: _____ DATE: 02/10/95 (305)477-0216
E. A. GIROD
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR