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 # **V46920** **(7)**

1. Corporation Name

TRANSPORT REFRIGERATION SERVICES, INC.

Principal Place of Business

3605 SW 139TH AVENUE
MIRAMAR FL 33027
US

Mailing Address

3650 SW 139TH AVE
MIRAMAR FL 33027
US

3. Date Incorporated or Qualified: **06/23/1992**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **65-0344502**

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

2. Principal Place of Business
21: 3650
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARIAN
3650 SOUTHWEST 139 AVENUE
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 or 617.0502, Florida Statutes, 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. The 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	GONZALEZ, JACOBO	
STREET ADDRESS	3650 SW 139TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VSD	☐ DELETE
NAME	GONZALEZ, MARIAN	
STREET ADDRESS	3650 SW 139TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is substantially complete, and does not contain any material exceptions to Section 119.07(3)(i), 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 receiver 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: Marian Gonzalez Marian Gonzalez 4-6-96 (954) 438-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number