FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15607** **(9)**

1. Corporation Name
LH EXPEDITORS, INC.

Principal Place of Business	Mailing Address
7216 NW 79TH TERRACE MIAMI FL 33166	10720 SW 125 AVE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1989	3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 10720 SW 125 AVE	2a. Mailing Address 26 10720 S.W. 125 AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33186 / 25 US	Zip / Country 29 33186 / 30 US

4. FEI Number: 65-0148903 ☐ 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

9. Name and Address of Current Registered Agent

ROBBINS, ROSE H.
155 SOUTH MIAMI AVENUE, PH I
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: Pedro P. Delgado, CPA
82 Street Address (P.O. Box Numbers Is Not Acceptable)
83: 1320 S. Dixie Hwy #220
84 City: Coral Gables FL 85 Zip Code: 33146

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: Pedro P. Delgado, CPA — DATE: 4-25-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	HELLMAN, LINDA	1 2 NAME	
STREET ADDRESS	10720 SOUTHWEST 125TH AV	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 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: Linda Hellman — 9/29/95 — 305 576 9924
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA HELLMAN

0004872 CP