

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

CORPORATION ANNUAL REPORT 1995

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR -4 AM 11:39

DOCUMENT # 473862 (1)

1. Corporation Name
CENTRAL FREIGHT FORWARDING, INC.

Principal Place of Business Mailing Address

5459 N.W. 72 AVE. 5459 N.W. 72 AVE.
 P.O. BOX 01-4936 MIAMI, FL 33101 P.O. BOX 01-4936 MIAMI, FL 33101
 MIAMI FL 33166 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1975 3a. Date of Last Report 02/28/1994

4. FEI Number 59-1649001 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent*

ESTRADA, AIDA
 5459 N.W. 72 AVE.
 MIAMI FL 33166

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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, TERESA	1.2 NAME	
STREET ADDRESS	5459 N.W. 72 AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33122	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, AIDA	2.2 NAME	
STREET ADDRESS	5459 N.W. 72 AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33122	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, AURELIO	3.2 NAME	
STREET ADDRESS	5459 N.W. 72 AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33122	3.4 CITY- ST- ZIP	
TITLE		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		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		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 provided with this filing is voluntarily furnished and I am not eligible for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 appointed to complete this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if completed, or on an attachment, with my relation.

SIGNATURE: _____ (Date) _____ (Typed Name)