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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:02

DOCUMENT # **S78217** **(4)**

1. Corporation Name
FRONTIER LINER SERVICES, INC.

Principal Place of Business	Mailing Address
~~1035 NW 79 AVE~~ ~~MIAMI FL 33126~~	~~1035 NW 79 AVE~~ ~~MIAMI FL 33126~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/02/1991	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 7500 N.W. 25 Street	26 7500 N.W. 25 Street
22 Suite #239	27 Suite #239
23 Miami, Florida	28 Miami, Florida
24 Zip 33122 25 Country Dade	29 Zip 33122 30 Country Dade

4. FEI Number 65-0309271 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GALINDO, HERNAN~~ ~~810 CATALONIA AVENUE~~ ~~CORAL GABLES FL 33134~~	81 Name: SOTO, SANTIAGO 82 Street Address (P.O. Box Number is Not Acceptable): 1440 South Bayshore Drive 83: Apt.#802 84 City: Miami FL 85 Zip Code: 33131

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: [signature] (NOTE: Registered Agent signature required when name changed) DATE: 5/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	☒ Change ☐ Addition P.
NAME	~~GALINDO, HERNAN~~	12 NAME	Santiago Soto
STREET ADDRESS	~~810 CATALONIA AVE.~~	13 STREET ADDRESS	1440 South Bayshore Drive #802
CITY ST ZIP	~~CORAL GABLES FL~~	14 CITY ST ZIP	Miami, Fla.33131
TITLE	~~V~~	21 TITLE	☒ Change ☐ Addition V.S.
NAME	~~RUEDA, EDUARDO~~	22 NAME	Rueda Eduardo
STREET ADDRESS	~~2333 BRICKELL AVENUE~~	23 STREET ADDRESS	2333 Brickell Avenue
CITY ST ZIP	~~MIAMI, FL 33129~~	24 CITY ST ZIP	Miami,Fla. 33129
TITLE	~~T~~	31 TITLE	☒ Change ☐ Addition T.
NAME	~~AMAYA, JOSE' A.~~	32 NAME	William S. Pletzke
STREET ADDRESS	~~10010 S.W. 130TH COURT~~	33 STREET ADDRESS	11855 Classic Dr.
CITY ST ZIP	~~MIAMI, FL 33186~~	34 CITY ST ZIP	Coral Springs,Fla.33071
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: [signature] 5-26-95 (Date) 305/599-1660 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q12971 CR