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 27 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **363085** **(2)**

1. Corporation Name
G.O. CARTAGE, INC.

Principal Place of Business	Mailing Address
ROOM 101, 1001 N. AMERICA WAY DODGE ISLAND MIAMI FL 33132	ROOM 101, 1001 N. AMERICA WAY DODGE ISLAND MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1970
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8550 N.W. 66 STREET
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL. 33166
24: Zip: 33166 — 25: Country

2a. Mailing Address
26: P.O.BOX 526243
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL. 33152
29: Zip: 33152 — 30: Country

4. FEI Number: 59-1290111 ☐ 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

MATUSEK, JOHN
1001 N. AMERICA WAY
MIAMI FL 33132

10. Name and Address of New Registered Agent

91 Name: JOHN MATUSEK
92 Street Address (P.O. Box Number is Not Acceptable): 8550 NW 66 STREET
93:
94 City: MIAMI, FL. — FL — 95 Zip Code: 33166

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	MATUSEK, JOHN	12 NAME		
STREET ADDRESS	1001 N AMERICA WAY	13 STREET ADDRESS	8550 N.W. 66 STREET	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	MATUSEK, KATHERINE D	22 NAME		
STREET ADDRESS	1001 N AMERICA WAY	23 STREET ADDRESS	8550 N.W. 66 STREET	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
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)(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: Jack Matusek JOHN MATUSEK 4/24/95 (305) 477-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0133657 CP