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 19 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 505815 (1)

1. Corporation Name

MFS, CO. /MIAMI FREIGHT & SHIPPING COMPANY

900001461939
-04/21/95--01017--010
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7610 N.W. 64TH STREET MEDLEY FL 33166	7610 N.W. 64TH STREET MEDLEY FL 33166

3. Date Incorporated or Qualified: **06/24/1976**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-1679158** ☐ 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

STINSON, LOUIS
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

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 _____ 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	CHARLES H. JOHNSTON	12 NAME		
STREET ADDRESS	10944 S.W. 75 TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, REGGIE	22 NAME		
STREET ADDRESS	80-82 SECOND STREET	23 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, JAMAICA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, DAVID	32 NAME		
STREET ADDRESS	2 1/4 WINDWARD ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, JAMAICA	34 CITY-ST-ZIP		
TITLE	EXV	41 TITLE		☒ Change ☐ Addition
NAME	~~DAVID RALPH~~	42 NAME	EXV	
STREET ADDRESS	~~7610 JOHNSTON 64TH STREET~~	43 STREET ADDRESS	EDWARD JPHNSTON	
CITY-ST-ZIP	~~MEDLEY FL 33166~~	44 CITY-ST-ZIP	10986 S. W. 75 TERRACE, MIA.FL.33173	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	CHIN, LAURICE	52 NAME		
STREET ADDRESS	7610 N.W. 64TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL 33166	54 CITY-ST-ZIP		
TITLE		61 TITLE	4/19/95 MS	☐ 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: _____ 04.12.95 (305) 885-0558
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD JOHNSTON, EX. VICE PRESIDENT

0170002 CP