

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **584748** (8)

1. Corporation Name  
**TCX AIRFREIGHT, INC.**

Principal Place of Business  
**3000 N.W. 74TH AVE.  
MIAMI FL 33122**

Mailing Address  
**3000 N.W. 74TH AVE.  
MIAMI FL 33122-1428**



3. Date Incorporated or Qualified **10/01/1978** 3a. Date of Last Report **03/06/1996**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **3101 N.W. 74TH AVE.  
MIAMI FL 33122**

27 City & State

28 Zip

29 Country

4. FEI Number

**59-2108539**

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

**MICHAELS, MARVIN D.  
1010 SW 86 COURT  
MIAMI FL 33144**

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

Signature type for printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRANDA, JAY B</b>	
STREET ADDRESS	<b>10500 SW 108 AVENUE B-114</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROY M. JACOBS</b>	
1.3 STREET ADDRESS	<b>3101 nw 74 AVE. MIAMI, FL 33122</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JACK E. COOK</b>	
2.3 STREET ADDRESS	<b>3101 NW 74 AVE. MIAMI, FLORIDA 33122</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>VICE-PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOHN F. MAYPOLE</b>	
3.3 STREET ADDRESS	<b>3101 NW 74 AVE. MIAMI, FLORIDA 33122</b>	
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JAY B. MIRANDA</b>	
4.3 STREET ADDRESS	<b>3101 NW 74 AVE. MIAMI, FLORIDA 33122</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MELVYN BRUNT</b>	
5.3 STREET ADDRESS	<b>3101 NW 74 AVE. MIAMI, FLORIDA 33122</b>	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

*Jay B. Miranda* **Jay B. Miranda - Secretary 04/04/97 592-5300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)