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 APR -7 AM 10:53

DOCUMENT # **855519** **(5)**

1. Corporation Name
COMBINED TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
16234 42ND AVENUE SOUTH SEATTLE WA 98188	16234 42ND AVENUE SOUTH SEATTLE WA 98188

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1983**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21 **1629 N.W. 82 AVE.**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL.**
Zip
24 **33126**
Country
25 **DADE**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **91-1192444** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	VD	11 TITLE	DIRECTOR OF FINANCE	☐ Change ☒ Addition
NAME	DINSHAW, JAL	12 NAME	DONNA M. SWAW	
STREET ADDRESS	8501 S SEPULVEDA #306	13 STREET ADDRESS	1313 93RD ST. E.	
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP	TACOMA, WA. 98445	
TITLE	VD	21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	LOPES, EDUARDO	22 NAME	ANNA WARREN	
STREET ADDRESS	9482 NW DORAL LANE	23 STREET ADDRESS	16792 LUCIA LANE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	HUNTINGTON BEACH CA. 92647	
TITLE	SDP	31 TITLE		☐ Change ☐ Addition
NAME	NEWCOMBE, PAUL	32 NAME		
STREET ADDRESS	#515-1650 NE 115TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	RATCLIFFE, RON	42 NAME		
STREET ADDRESS	10451-140 SHELLBRIDGE WY	43 STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER, BC CANADA	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: Donna M Swaw Director of Finance 3/31/95 206-242-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donna M Swaw Treasurer

0482N97 FP