FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # PACIFIC EXPRESS CARGO, INC. Principal Place of Business Mailing Address 8125 NW 67TH STREET (33166) 8125 NW 67TH STREET (33166) P.O. BOX 520824 MIAMI FL 33152 P.O. BOX 520824 MIAMI FL 33152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2197187 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 7in Country Zφ Country 8. This corporation owes or has paid the current year Intangible **₩**Yes ☐ No 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PUENTES, ALBERTO E. 2040 SW 123RD CT. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 83 84 City Zip Code 85 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 hysied or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 71715 Change Addition PUENTES, ALBERTO E. NAME 1.2 NAME 2040 S.W. 123RD CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITL€ 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

VAlberto E.P ventes

6.4 CITY-ST-ZIP

14. Thereby 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 the 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 receiver or trusted enhanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing any attricting or with an additional statutes.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP