

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001113 (8)

1. Corporation Name

T.D.Y. FREIGHT SERVICES LTD., INC.



Principal Place of Business

1950 TROUTMAN ST.
RIDGEWOOD NY 11385

Mailing Address

1950 TROUTMAN ST.
RIDGEWOOD NY 11385

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BUSTAMANTE, CARLOS
2802 NW 112 AVENUE
MIAMI FL 33172

4. FEI Number

11-2502887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ROSALINA BULLA

82 Street Address (P.O. Box Number is Not Acceptable)

6395 WEST 27TH AVENUE

83

APT. 104

84 City

MIRLEAK

FL

85 Zip Code

33016

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

Carlos Bustamante

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CP
BENHAIM, YONI
178-15 DALNEY ROAD
JAMAICA ESTATES NY 11432

TITLE ☐ DELETE

NAME
S
SARRO, FRAN
1121 WARD PLACE
WOODMERE NY 11598

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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: *Frances Sarro* Frances Sarro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800001821008
-05/14/96--01113--021
***200.00

4/22/96 (718) 456-9703

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96