

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84704** (7)

1. Corporation Name

DIAMOND AIR FREIGHT, INC.



Principal Place of Business

Mailing Address

~~7200 N.W. 19TH STREET, SUITE 301~~
~~MIAMI FL 33126~~

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~~MIAMI FL 33126~~

3. Date Incorporated or Qualified

02/14/1984

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

21 **6535 N.W. 18th ST.**

2a. Mailing Address

26 **P.O. Box 521935**

4. FEI Number

59-2405316

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Bldg. 2143, Door 12**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **33126**

Country

25 **USA**

Zip

29 **33152**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROBBINS, RONALD MARC

~~7200 N.W. 19TH ST., #301~~

~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name

Robbins, Ronald MARC

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

6535 N.W. 18th St.

83

Bldg. 2143, Door 12

84 City

Miami

FL

85 Zip Code

33126

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

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **ROBBINS, RONALD MARC**

STREET ADDRESS **7200 N.W. 19TH ST., #301**

CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition

1.2 NAME **ROBBINS, RONALD MARC**

1.3 STREET ADDRESS **6535 N.W. 18th ST. Bldg. 2143**

1.4 CITY-ST-ZIP **Miami, FL 33126** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD Robbins

DATE

3/15/96

DAYTIME PHONE #

305-870-9555

CR2E034 (12/95)