FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

APPROVED AND FILED

95 MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74109** **(6)**

1. Corporate Name
INTERMODAL SERVICE OF FLORIDA, INC.

Principal Place of Business:
3601 N.W. 62ND. STREET
MIAMI FL 33147

Mailing Address:
3601 N.W. 62ND. STREET
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0053621 — 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

2. / 2a. Mailing Address (fields 21–30 blank)

9. Name and Address of Current Registered Agent

FORMAN, TERRY J.
1521 SW LEJEUNE RD.
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

Field	Officer 1	Officer 2
TITLE	PSD	V.P.
NAME	CUNEO, RICHARD	George Novo
STREET ADDRESS	23 PROSPECT DR	11965 S.W. Tuttle Blvd.
CITY-ST-ZIP	CORAL GABLES FL 33134	Miami, Fl 33184

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Second block: Addition (checked).

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: [signature] 4/28/95 (305) 835-2949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161231 CP