

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90101 035 ***150.00

DOCUMENT # K87330

1. Corporation Name.

AIR CARGO DELIVERY SERVICES, INC.

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Principal Place	e of Business	Mailing A	Address				· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
722 TAMIAMI CAMAL RD. 722 TAMIAMI CAMAL RD.									
MIAMI FL 33144 MIAMI FL 33144							DO NOT WRITE IN TH	IS SPACE	
							3. Date Incorporated or Qualifed		
	-						05/11/1989	•	
3 Dain single	lace of Business	2a Maili	ng Address				4. FEI Number	Apr	plied For
	race of Business	},	ng Address				66-0134328		t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>			\$8.75 A	dditional
							5. Certificate of Status Desired	Fee Re	
22							6. Election Campaign Financing	\$5.00	Mav Be
23 28							Trust Fund Contribution	Added to	
Zip Country Zip				Çou	ntry		8. This corporation owes the current year	Intangible	
24				30			Personal Property Tax.		
	9. Name and Address of Curr		Agent	11.			10. Name and Address of New Registere	d Agent	
					81	Name			
PRIE	ETO, JAIME E.				82	Ct	dress (P.O. Box Number is Not Acceptable)		
722 TAMIAMI CAMAL RD.					02	Street Ac	SS (P.O. Box Number is Not Acceptable)		
MIAMI FL 33144				83					
								. 85 Zip C	
 					84	City	F	85 Zip C	Joue
office or r	registered agent, or both, in the Stat	te of Florida, Su	ch change was a	nutnonzec	DA.	the corpora	orporation.submits this.statement.for.the purpose ation's board of directors. I hereby accept the app	of.changing its pointment as req	registered gistered
agent. I a	im familiar with, and accept the obli	gations of, Secti	ion 607.0505, Flo	orida Stati	ıtes.				
SIGNATURE	·	·				·	uired when reinstating) DATE		
	Signature, typed or printed name of registered a			E: Registered	Agen	t signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		AND DIRECTOR	DELETE	1.1 Ti	n F		7.00.00.00.00.00.00.00.00	☐ Change	Addition
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NAME	PRIETO, JAIME E		•			ADDRESS			
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CITY-ST-ZIP	<u> </u>	<u> </u>		5.4 CI		I-ZIP		Change	Addition
TITLE	"	••	☐ DELETE	6.1 TI		-		☐ Change	
NAME				6.2 N					
STREET ADDRESS	s					ADDRESS			
l	i			64 CI	TY-S1	T-71P			

14. I hereby 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 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, with all other like empowered.