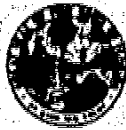


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91326 (4)

1. Corporation Name

INTERNATIONAL EXPRESS CARGO SERVICES, INC.

Principal Place of Business

6932 NW 51 STREET
MIAMI FL 33166
US

Mailing Address

6932 NW 51 STREET
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/30/1989

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0121552

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. Principal Place of Business

21 6918 N.W. 51st Street

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 526825

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33152

Country

30 U.S.A.

B. Name and Address of Current Registered Agent

TRAVANO, DONNA
6932 NW 51 STREET
MIAMI FL 33166

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6918 N.W. 51st Street

83

84 City Miami

FL

85 Zip Code

33166

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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
TRAVANO, DONNA
6932 NW 51 STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
BORIA, WALTER
6932 NW 51 STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
BORIA, JUAN
6932 NW 51 STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
TRAVANO, DONNA
6932 NW 51 STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

6918 N.W. 51st Street
Miami, Florida 33166

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

6918 N.W. 51st Street
Miami, Florida 33166

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

6918 N.W. 51st Street
Miami, Florida 33166

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

6918 N.W. 51st Street
Miami, Florida 33166

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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, as changed, or with attachment with an address.

SIGNATURE:

Donna Travano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Travano

April 20, 1995

(305) 471-0666

Date

Daytime Phone #