FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

22

23

Ζip



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # K91326

(4)

Suite, Apt. #, etc.

City & State

INTERNATIONAL EXPRESS CARGO SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business	Mailing Address			
6918 N.W. 51ST ST MIAMI FL 33166 US	P.O. BOX 526825 MIAMI FL 33152 US	MIAMI FL 33152		
2. Principal Place of Business	2a. Mailing Address			

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FILED Feb 03 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

05/30/1989 4. FEI Number

65-0121552

5. Certificate of Status Desired

6- Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

TRAVANO, DONNA		81	Name				
6918 N.W. 51ST ST		82	Street Address (P.O. Box Number is Not Acceptable)				
ML	AMI FL 33166						
		83		}			
		84	City	85 Zip Code			
44 8	007 0700 - 1 007 0700 - 1			FL 65 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		13.	it agrature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1 TITLE		☐ Change ☐ Addition			
NAME	TRAVANO, DONNA 1	.2 NAME					
STREET ADDRESS	6918 N.W. 51ST ST	3 STREET	ADDRESS				
CiTY-ST-ZIP	MIAMI FL	4 CITY-S	r-ZIP				
TITLE	VP DELETE 2	1 TITLE		Change Addition			
NAME	BORIA, WALTER	2 NAME					
STREET ADDRESS	6918 N.W. 51ST ST.	.3 STREET	ADDRESS	}			
CITY-ST-ZIP	MIAMI FL 2	4 CITY - 5	T-ZIP				
TITLE	VP DELETE 3	1 TITLE		Change Addition			
NAME	BORIA, JUAN	2 NAME					
STREET ADDRESS	6918 N.W. 51ST ST.	3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 3	4. CITY - S	T-ZIP				
TITLE	D DELETE 4	1 TITLE		☐ Change ☐ Addition			
NAME	TRAVANO, DONNA	2 NAME					
STREET ADDRESS	6918 N.W. 51ST ST.	4.3 STREET ADDI					
CITY-ST-ZIP	MIAMI FL 4	4 CITY-ST	- ZIP				
TITLE	DELETE 5	1 TITLE		☐ Change ☐ Addition			
NAME [5.5	2 NAME	İ				
STREET ADDRESS	5	3 STREET .	ADDRESS				
CITY-ST-ZIP	5	4 CITY-\$1	- ZIP				
TITLE	☐ DELETE 6	1 TITLE		Change Addition			
NAME	6.	2 NAME					
STREET ADDRESS	6	3 STREET .	ADDRESS				
CITY - ST - ZIP		4 CITY-ST					
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 suppliemental 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: STAN OUTED 1/28/18 (38) 471-0666							

Country

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