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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

(6)

| ZAP CARGO SERVICES, INC. Principal Place of Business Mailing Address 1203 NW 99RD CT. 1203 NW 99RD CT. | | | | | | | | | | |
|--|--|-----------------------------------|---|--|--|--|---|---|----------------------------------|---|
| 1203 NW 93RD CT. MIAMI FL 33172 | | | 1203 NW 93RD CT. MIAMI FL 33172 | | | Date Incorporated or Qualified | | | | |
| | | | | | | | 12/07/1989 | | 04/17/19 | |
| 2. Principa' Pla | ce of Business | 1 | Mailing Address | | | | 4. FEI Number 65-0241484 | | ├ | Applied For Not Applicable |
| Suite, Apt. # | F. oto | 26 | Saite, Apt. #, etc. | | | | | | | Additional |
| 22 | , etc | 27 | Come : 1 que may our | | | | 5. Certificate of Status Desired | | 7 | Required |
| City & State | | | Oity & State | | | | 6. Election Campaign Financing | | \$5.0 | 0 Мау Ве |
| 23 | | 28 | | | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | | Zφ | Coar | ntry | | This corporation has liability for Florida Statutes | | | 199.032, |
| 24 | 25 25 9. Name and Address of Curren | 29 | lored Agent | 30 | | | 10. Name and Address of New I | | | |
| | g. Raine and Address of Curren | it riegiai | tereo Agent | | 81 N | Varne | | | | |
| HOVD | MALIDICE | | | ļ | 82 S | Nacal Addre | ess (P.O. Box Number is Not Acceptal | aloi | | |
| LLOYD, MAURICE 6831-A S.W. 129TH AVENUE | | | | | 02 G | SUBOL ACITIE | ess (1.0. Elsx (4diffice in 14d) / less (1.0. | | | |
| MIAM! F | | | | | 83 | | | | | |
| | | | | } | 84 (| Dity | 10 May 12 | | 85 Z | p Code |
| | | | | | | , | ration submits this statement for the pu | | FL 👸 🖺 | |
| or register familiar wit | o the provisions of Sections 607,050, ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | da Sirzh ton 602.t | n change was authon. 0505, Flonda Statute | aed by the c | сярюга | HIOH S LICH | rg or directors. Thereby accept the dis- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| or register familiar wit SIGNATURE | ed agent, or both, in the State of Flam h, and accept the obligations of, Sect System and Expendence of the contract OFFICERS AN | da Sirch ton 602.0 ranginet | n change was authori 0505, Flonda Statute in Fabi ZORS | 13. | April S. | | ADDITIONS/CHANGES TO OF | | AND DIRECTO | DRS IN 12 |
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certify that the information indicated on this actival report or supplier ents' arrival report is true and accurate and that my signature shall have the same legal effect as if made under each, 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 Brook 12 or Blook 13 if changed, or or an attachment with an appliers.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 305-592-0824