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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **L35999** **(6)**

1. Corporation Name
**KELLY FREIGHT SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TOMAS A. BURCET<br>6581 NW 82ND AVE<br>MIAMI FL 33166 | C/O TOMAS A. BURCET<br>6581 NW 82ND AVE<br>MIAMI FL 33166-2737 |

3. Date Incorporated or Qualified: 12/13/1989
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business
21: 7011 NW 87 AVE
Suite, Apt. #, etc. 22:
City & State 23: MIAMI, FL
Zip 24: 33178 Country 25: USA

2a. Mailing Address
26: 7011 NW 87 AVE
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, FL
Zip 29: 33178 Country 30: USA

4. FEI Number: 65-0170412 ☐ 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

9. Name and Address of Current Registered Agent

BURCET, TOM
6581 NW 82ND AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: BURCET, TOM
82 Street Address (P.O. Box Number is Not Acceptable): 7011 NW 87 AVE
83:
84 City: MIAMI FL 85 Zip Code: 33178

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] DATE: 4-08-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DE LARA, HUMBERTO | | 1.2 NAME | |
| STREET ADDRESS | 7650 SW 59 COURT | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BURCET, TOMAS A. | | 2.2 NAME | |
| STREET ADDRESS | 3505 S OCEAN DR #1105 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 added by an attachment with an address.

**SIGNATURE:** [signature] HUMBERTO DE LARA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-08-97
Daytime Phone #: 305 [redacted] 591-7321