FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L58576** **(4)**

1. Corporation Name
ONIX INTERNATIONAL FREIGHT FORWARDING CORP.

Principal Place of Business	Mailing Address
17354 N.W. 66TH CT. MIAMI FL 33015	17354 N.W. 66TH CT. MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0179317 ☐ 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 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

DAVID GOLDMAN
17354 N.W. 66 CT.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	~~PD~~	1.1 TITLE ☐ Change ☐ Addition
NAME	~~NELSON RIOS~~	1.2 NAME
STREET ADDRESS	~~17354 N.W. 66 CT.~~	1.3 STREET ADDRESS
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP
TITLE	SD	2.1 TITLE ☐ Change ☐ Addition
NAME	MARLENE GOLDMAN	2.2 NAME
STREET ADDRESS	17354 N.W. 66 CT.	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	~~TD~~ PD	3.1 TITLE ☐ Change ☐ Addition
NAME	LOURDES ALONSO - EGUIS	3.2 NAME
STREET ADDRESS	2406 N.W. 72 AVE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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(1)(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.

SIGNATURE: X Lourdes Eguis (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) NELSON RIOS 4-10-95 (Date) 305-591-0272 (Daytime Phone #)