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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 2:58

DOCUMENT # **L61870** **(6)**

1. Corporation Name
ADVANCE CARGO EXPRESS, INC.

Principal Place of Business	Mailing Address
17850 N.W. 84TH COURT HIALEAH FL 33015-2501	17850 N.W. 84TH COURT HIALEAH FL 33015-2501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 20304 N.W 34th COURT
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLORIDA,
Zip 24 33056 Country 25

2a. Mailing Address
26 20304 N.W. 34th COURT
Suite, Apt. #, etc. 27
City & State 28 MIAMI FLORIDA
Zip 29 33056 Country 30

4. FEI Number: 65-0186195 ☐ 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

HART, CLYDE L.
17850 N.W. 84TH COURT
HIALEAH FL 33015

10. Name and Address of New Registered Agent

61 Name: JINNAH MOHAMMED
62 Street Address (P.O. Box Number is Not Acceptable): 20304 N.W. 34th COURT
63
64 City: MIAMI FL 65 Zip Code: 33056

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 _____ DATE
(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	D	11 TITLE	D ☐ Change ☐ Addition
NAME	HART, CLYDE L.	12 NAME	JINNAH MOHAMMED
STREET ADDRESS	17850 N.W. 84TH CT.	13 STREET ADDRESS	20304 N.W. 34th CT.
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	MIAMI FL 33056
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(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 on an attachment with an address.

SIGNATURE: JINNAH MOHAMMED 4-6-95 (305) 557-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000458 CP