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
95 July 3 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71649

1. Corporation Name

Miami Freight Terminals, Inc.

Principal Place of Business	Mailing Address
c/o Kirkpatrick, Lockhart 7331 N.W. 12th Street Miami, Florida 33126	

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 5/2/90
3a. Date of Last Report: 4/26/94

2. Principal Place of Business	2a. Mailing Address
21 c/o Taylor Brion	26
22 Suite, Apt. #, etc. 801 Brickell Ave, Ste 1401	27 Suite, Apt. #, etc.
23 City & State Miami, Florida	28 City & State
24 Zip 33131 / 25 Country U.S.A.	29 Zip / 30 Country

4. FEI Number: 65-0203126 ☐ 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	10. Name and Address of New Registered Agent
Matthew Casamassima 7331 N.W. 12th Street Miami, Florida 33126	81 Name: Kenneth M. Bloom 82 Street Address (P.O. Box Number is Not Acceptable): c/o Taylor Brion Buker & Greene 83: 801 Brickell Avenue, Ste. 1401 84 City: Miami FL 85 Zip Code: 33131

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: _____ Kenneth M. Bloom 6/27/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director/President	1.1 TITLE	Director/President/CEO	XX Change ☐ Addition
NAME	Casamassima, Matthew	1.2 NAME	Fountain, Michael P.	
STREET ADDRESS	7331 N.W. 12th Street	1.3 STREET ADDRESS	1350 Old Bayshore Highway, Ste 900	
CITY-ST-ZIP	Miami, Florida 33126	1.4 CITY-ST-ZIP	Burlingame, California 94010	
TITLE	Director/Vice Pres/Treasurer	2.1 TITLE	Director/Vice Pres/Sec/Treas	XX Change ☐ Addition
NAME	Rannik, Jaak E.	2.2 NAME	Arellano, Ralph	
STREET ADDRESS	7331 N.W. 12th Street	2.3 STREET ADDRESS	1350 Old Bayshore Highway, Ste 900	
CITY-ST-ZIP	Miami, Florida 33126	2.4 CITY-ST-ZIP	Burlingame, California 94010	
TITLE	Director/Vice Pres	3.1 TITLE	Director/Vice Pres	XX Change ☐ Addition
NAME	Casamassima, O. Gene	3.2 NAME	Neach, Ron J.	
STREET ADDRESS	7331 N.W. 12th Street	3.3 STREET ADDRESS	1350 Old Bayshore Highway, Ste 900	
CITY-ST-ZIP	Miami, Florida 33126	3.4 CITY-ST-ZIP	Burlingame, California 94010	
TITLE	Director/Vice Pres	4.1 TITLE	Director/Vice Pres	XX Change ☐ Addition
NAME	Rannik, Victor Juan	4.2 NAME	Schiller, Bruce	
STREET ADDRESS	7331 N.W. 12th Street	4.3 STREET ADDRESS	8725 N.W. 18th Terr, Ste 301	
CITY-ST-ZIP	Miami, Florida 33126	4.4 CITY-ST-ZIP	Miami, Florida 33172	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	000001530810	
STREET ADDRESS		5.3 STREET ADDRESS	-07/06/95--01049--019	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****225.00 ****225.00	
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(3)(k), 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: _____ Bruce Schiller 6/27/95 (305) 591-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #