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 APR 20 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89091 (7)

1. Corporation Name
KAIZEN AIR FREIGHT, INC.

Principal Place of Business	Mailing Address
4613 N. Cooper St. TAMPA, FLA. 33614	Box 15736 TAMPA, FL. 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7-12-90
3a. Date of Last Report: 4-4-94

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 AS ABOVE	Suite, Apt. #, etc.: 27 AS ABOVE
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 59-3025299 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: DAVID G. EMBRY
	82 Street Address (P.O. Box Number is Not Acceptable): 4613 N. Cooper St.
	83
	84 City: TAMPA, FL FL 85 Zip Code: 33614

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: David G Embry 3-22-95
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		11 TITLE	☑ Change ☐ Addition PRESIDENT
NAME		12 NAME	DAVID G EMBRY
STREET ADDRESS		13 STREET ADDRESS	10101 S. FORESTLINE AVE
CITY-ST-ZIP		14 CITY-ST-ZIP	INVERNESS, FLA. 34452
TITLE		21 TITLE	☑ Change ☐ Addition V. President
NAME		22 NAME	CONNIE B. EMBRY
STREET ADDRESS		23 STREET ADDRESS	10101 S. Forestline Ave
CITY-ST-ZIP		24 CITY-ST-ZIP	INVERNESS, FL. 34452
TITLE		31 TITLE	☑ Change ☐ Addition Secretary
NAME		32 NAME	JOHN MIXON
STREET ADDRESS		33 STREET ADDRESS	10720 TABOR DR.
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL. 33625
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001403274
STREET ADDRESS		43 STREET ADDRESS	-04/24/95 -01056-004
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
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	LW 4-20-95

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: David G Embry DAVID G. EMBRY 3-22-95 904 799-1544
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #