FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M25382** **(6)**

1. Corporation Name

CANNON EXPRESS, INC.

Principal Place of Business

POST OFFICE BOX 52-3682
MIAMI FL 33152

Mailing Address

POST OFFICE BOX 52-3682
MIAMI FL 33152

3. Date Incorporated or Qualified: **01/03/1986**

3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business
21 **1900 N.W. 82 AVE.**
22 Suite Apt. #, etc.
23 City & State: **MIAMI, Florida**
24 Zip: **33126** 25 Country: **US**

2a. Mailing Address
26
27 Suite Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-2618944** 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 corporate tax under s. 220.02, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, ANA M.
2405 S.W. 131 COURT
MIAMI FL 33175

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 607.0505 and 617.1505, 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. The corporation's new registered office, if changed, or its new registered agent, if changed, accepts the appointment as registered agent and agrees to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	**DPTS**	☐ DELETE
NAME	**GARCIA, ANA MARGARITA**	
STREET ADDRESS	**2405 S.W. 131 CT.**	
CITY-ST-ZIP	**MIAMI FL 33175**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DPTS	☒ Change ☐ Addition
1a NAME	**CAMPS, ANA MARGARITA**	
1b STREET ADDRESS	5421 SW 155 PLACE	
1c CITY-ST-ZIP	MIAMI, Florida 33185	
2 TITLE		☐ Change ☐ Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6a NAME		
6b STREET ADDRESS		
6c CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment is true and accurate and that my electronic 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 above.

SIGNATURE: ANA MARGARITA CAMPS , PRESIDENT (305) 592-8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR