W: FILING FEE AFTER MAY 1 IS $225.00

RPORATION
NUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCUMENT # M44678 (4)

Corporation Name

CANOR AIR FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
7080 NW 50 ST MIAMI FL 33166	7080 NW 50 ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2763149 — 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

PEREIRA XANDRA X
X 11935 S.W. 136TH PLACE X
MIAMI FL 33186 XX

10. Name and Address of New Registered Agent

81 Name: NORA PEREIRA
82 Street Address (P.O. Box Number is Not Acceptable): 11935 S.W. 136 PLACE
83
84 City: MIAMI FL 85 Zip Code: 33186

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 ____________ 5/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PX
NAME	ROQUE XAVIER ALICIA X
STREET ADDRESS	X 14375 S.W. 45TH PLACE X
CITY-ST-ZIP	MIAMI FL XXXX
TITLE	VDX
NAME	PEREIRA XANDRA X
STREET ADDRESS	X 11935 S.W. 136TH PLACE X
CITY-ST-ZIP	MIAMI FL XX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	NANCY CAMACHO	
13 STREET ADDRESS	14375 S.W. 45TH TERRACE	
14 CITY-ST-ZIP	MIAMI, FLORIDA 33175	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	NORA PEREIRA	
23 STREET ADDRESS	11935 S.W. 136TH PLACE	
24 CITY-ST-ZIP	MIAMI, FLORIDA 33186	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REMITTED BY MAY 1

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: ____________ NORA PEREIRA 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181180 CP