FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M44678

(4)

CANOR AIR FREIGHT FORWARDERS, INC.

Principal Plac 7080 NW 50 MIAMI FL 33	•	Mailing Address 7080 NW 50 ST MIAMI FL 33166			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
2. Principal I	Place of Business	2a. Mailing Address			01/12/1987 4. FEI Number	I Anglind For
21	- · · · · · · · · · · · · · · · · · · ·				59-2763149	Applied For Not Applicable
		Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State Cit		City & Stato	City & State		6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	/	8. This corporation owes or has paid the cu	urrept year Intangible
24	25		30			Yes No
<u> </u>	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registered	i Agent
70 MI	AMACHO, NANCY 080 NW 50 STREET IAMI FL 33166 to the provisions of Sections 607.05	502 and 607, 1508, Florida Sta tute	83 84 es, the abov	City	fress (P.O. Box Number is Not Acceptable) Figure 1	of changing its registered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statute	S .	ored when reinstaling) DATE	pointifient as registered
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ī	☐ DELET E	1.1 TITLE			☐ Change ☐ Addition
NAME	CAMACHO, NANCY		1.2 NAME			
STREET ADDRESS	14375 SW 45TH TERRACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-7IP		
TITLE	D	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	PEREIRA, NORA		2.2 NAME			
STREET ADDRESS	4465 4444 4544 4544		2.3 STREET	ADDRESS		
CITY-ST-ZIP	Adiana er		2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34 CITY-			

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 reports 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 fustor 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, ortin an attachment with invaddress.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

___ Addition

___ Addition

Addition

Change

Change

☐ Change

FILED

May 08 1998 8:00am

Secretary of State