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 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M59613** **(3)**

1. Corporation Name

MIAMI CARRIERS, INC.

Principal Place of Business	Mailing Address
3200 SOUTH ANDREWS AVENUE P.O. BOX 13022 FT. LAUDERDALE FL 33316	3200 SOUTH ANDREWS AVENUE P.O. BOX 13022 FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1987**	3a. Date of Last Report: **03/24/1994**
4. FEI Number: **65-0007796**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$0.75** 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. 199.042 Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

KUYLENSTIERNA, STAFFAAN
3200 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33316

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 Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KUYLENSTIERNA, JAN	1.2 NAME	
STREET ADDRESS	1932 SE 22ND AVE	1.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	1.4 CITY ST ZIP	
TITLE	PTS	2.1 TITLE	☐ Change ☐ Addition
NAME	KUYLENSTIERNA, STAFFAN	2.2 NAME	
STREET ADDRESS	1932 SE 22ND AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KUYLENSTIERNA, STAFFAN	3.2 NAME	
STREET ADDRESS	1932 S.E. 22ND AVNEUE	3.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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/We 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: STAFFAN KUYLENSTIERNA 4/28/95 305-522-0914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0224326 CP