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 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M62977** **(7)**

1. Corporation Name
VELEZ CARRIERS CORP

Principal Place of Business	Mailing Address
13620 SW 18TH ST 18200 MEDITERRANEAN BLVD APT NO 2203 HOLLYWOOD FL 33027-3486 US	13620 SW 18TH ST 18200 MEDITERRANEAN BLVD APT NO 2203 HOLLYWOOD FL 33027-3484 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1987**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

22 Suite, Apt. #, etc.: 13620 SW 18th st
27 Suite, Apt. #, etc.: 13620 SW 18th st

23 City & State: Holly Wood FL
28 City & State: Holly Wood, FL

24 Zip: 33027 — 25 Country: US
29 Zip: 33027 — 30 Country: US

4. FEI Number: **65-0020381** ☐ 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 [illegible] tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VELEZ, GABRIEL
13620 SW 18TH ST
APT NO 2203
HOLLYWOOD FL 33027

10. Name and Address of New Registered Agent

81 Name: VELEZ GABRIEL
82 Street Address (P.O. Box Number is Not Acceptable)
83: 13620 SW 18th St
84 City: Hollywood **FL** 85 Zip Code: 33027

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 _____ DATE
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☒ Change ☐ Addition
NAME	VELEZ, J YUSMELYS	12 NAME	VELEZ J YUSMELYS	
STREET ADDRESS	18200 MEDITERRANEAN BLVD	13 STREET ADDRESS	13620 SW 18th St	
CITY-ST-ZIP	HIALEAH FL 33015	14 CITY-ST-ZIP	Holly Wood FL 33027	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	VELEZ, GABRIEL	22 NAME	VELEZ, GABRIEL	
STREET ADDRESS	18200 MEDITERRANEAN BLVD	23 STREET ADDRESS	13620 SW 18th St	
CITY-ST-ZIP	HIALEAH FL 33015	24 CITY-ST-ZIP	Holly Wood FL 33027	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
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		

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: Gabriel Velez (P) 04-25-95 (305) 4366688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

D11B030 CP