SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P39712 (5)

1. Corporation Name

HELLMANN TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
8100 NW 68TH STREET MIAMI FL 33166 US	1500 W. CARSON STREET LONG BEACH CA 90810 US

2. Principal Place of Business	2a. Mailing Address
21 10450 Doral Boulevard	26 10450 Doral Boulevard
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33178 / Country 25 US	Zip 29 33178 / Country 30 US

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 06/23/1995
4. FEI Number: 93-1010323 ☐ 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

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BORGESON, GREGG		1.2 NAME	
STREET ADDRESS	1500 W. CARSON ST., #202		1.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH CA		1.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	AS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	OUTWIN		2.2 NAME	
STREET ADDRESS	1500 W. CARSON STREET		2.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH FL		2.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LOGAN, DAIVD		3.2 NAME	
STREET ADDRESS	1500 W CARSON ST 202		3.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH CA		3.4 CITY-ST-ZIP	Miami, FL 33178
[redacted]		☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	HELLMAN, KLAUS		4.2 NAME	
STREET ADDRESS	1500 W. CARSON ST., #202		4.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH CA		4.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HELLMAN, JOST		5.2 NAME	
STREET ADDRESS	1500 W. CARSON ST., #202		5.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH CA		5.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	AC	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	HENDERSON, CAROL		6.2 NAME	
STREET ADDRESS	1500 E CARSON ST 202		6.3 STREET ADDRESS	10450 Doral Boulevard
CITY-ST-ZIP	LONG BEACH CA		6.4 CITY-ST-ZIP	Miami, FL 33178

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (D.A. LOGAN) 7/29/96 305-406-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #