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 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006160 (5)**

1. Corporation Name
B.L.G. AIR - OCEAN TRANSPORT CORP.

Principal Place of Business	Mailing Address
9604 NW 13 STREET MIAMI FL 33172	9604 NW 13 STREET MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/16/1992	04/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 BLG AIR-OCEAN TRANSPORTATION	26 9604 N.W. 13 STREET	65-0374621	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 MIAMI, FLA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 33172 / 30 U.S.A.	8. This corporation has taxable, for intangible tax under F.S. 199.023, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALVAREZ, JUAN R 5 NW 125 AVENUE MIAMI FL 33182	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
(If changing registered agent, new registered agent must sign above) (If changing registered agent without changing registered office) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS OF OFFICERS AND DIRECTORS	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	GOVEA, PEDRO	NAME	
STREET ADDRESS	4725 N.W. 18TH ST. 212	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	HERRAN, DAGMAR	NAME	
STREET ADDRESS	6591 S.W. 15TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	ALVEREZ, JUAN RAMON	NAME	
STREET ADDRESS	5 N.W. 125TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report 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 above, if changed, or on an attachment with an address.

SIGNATURE: [signature] VP - DAGMAR HERRAN 5/1/95 (305) 593-8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0108036 CP