SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 ; IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:28

DOCUMENT # **P92000014517 (6)**

1. Corporation Name

ALL TRANS AIR CARGO, INC.

Principal Place of Business	Mailing Address
~~4711 N.W. 79TH AVENUE~~ ~~SUITE 26 Z~~ MIAMI FL 33166 US	~~4711 N.W. 79TH AVENUE~~ ~~SUITE #26 Z~~ MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8024 NW 66 ST
22: Suite, Apt. #, etc.
23: City & State: MIAMI - FL.
24: Zip: 33166
25: Country: U.S.A.

2a. Mailing Address
26: 8024 NW 66 ST
27: Suite, Apt. #, etc.
28: City & State: MIAMI - FL.
29: Zip: 33166
30: Country: U.S.A.

4. FEI Number: 65-0422456 ☐ 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

ALVES, CARLOS H
~~4711 N.W. 79TH AVENUE~~
~~SUITE 26 Z~~
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: ALVES, CARLOS H.
82 Street Address (P.O. Box Number is Not Acceptable): 8024 N.W. 66 ST
83:
84 City: MIAMI **FL** 85 Zip Code: 33166

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: X _____ (Signature, typed or printed name and title if applicable) X _____ (NOTE: Registered Agent signature required when reinstating) DATE: AUG 3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	ALVES, CARLOS H	1.2 NAME	ALVES, CARLOS H	
STREET ADDRESS	~~4711 N.W. 79TH AVENUE~~	1.3 STREET ADDRESS	8024 NW 66 ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI - FL - 33166	
TITLE	~~D~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~TEOFILO, ORLANDO~~	2.2 NAME		
STREET ADDRESS	~~4815 NW 79 AVENUE #6~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33166~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (3/95)

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)(k), 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: X _____ AUG/3/95 (305)5935766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — (Daytime phone #)

0057460 CP