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 JUL 24 AM 11:11

DOCUMENT # **P93000001365 (4)**

1. Corporation Name

SUPREME INTERNATIONAL FREIGHT, INC.

Principal Place of Business	Mailing Address
11051 SW 162ND TERRACE MIAMI FL 33157	11051 SW 162ND TERRACE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business 21 4115 NW 135 ST.	2a. Mailing Address 26 11051 SW 162 TERRACE	4. FEI Number: 65-0395474	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE H3.	Suite, Apt. #, etc. 27 M	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 OPA-LOCKA FL.	City & State 28 MIAMI FL.	6. [illegible] ☐	$5.00 May Be Added to Fees
Zip / County 24 33054 / 25 USA	Zip / County 29 33157 / 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CLEMETSON, JOHN
11051 SW 162ND TERRACE
MIAMI FL 33157

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: [illegible] (Registered Agent Signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CLEMETSON, JOHN	12 NAME	
STREET ADDRESS	11051 SW 162ND TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLEMETSON, MAXINE	22 NAME	
STREET ADDRESS	11051 SW 162ND TERRACE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	24 CITY ST ZIP	
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	

CR2E034 (3/95)

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: [illegible] JOHN H. CLEMETSON 7. 15. 95 305. 687.6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083338 CP