FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 01 1998 8:00am Secretary of State

1998 P93000001365 (4) DOCUMENT # SUPREME INTERNATIONAL FREIGHT, INC. Principal Place of Business Mailing Address 6120 NW 74 AVENUE 11051 SW 162 TERRACE MIAM! FL 33166 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0395474 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLEMETSON, JOHN 11051 SW 182ND TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 63 84 City 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 (NOTE Registered Agent alguature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **CLEMETSON, JOHN** 1.2 NAME CR2E034 NAME 11051 SW 162ND TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33157 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME **CLEMETSON, MAXINE** 22 NAME STREET ADDRESS 11051 SW 162ND TERRACE 2.3 STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 City - ST-Zip 14. I hereby certify !

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on thi

SIGNATURE

JOHN. A.CLEMETSON