FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000010542 (7)**

1. Corporation Name

ABSOLUTE FREIGHT TRANSPORT, INC.

Principal Place of Business	Mailing Address
9737 NW 41ST ST. STE. 153 MIAMI FL 33178	7445 SW 23 ST. MIAMI FL 33155 US

2. Principal Place of Business 21 7445 S.W 23 St	2a. Mailing Address 26 7445 SW 23 St
Suite, Apt. #, etc. 22 1	Suite, Apt. #, etc. 27 1
City & State 23 Miami - Fl.	City & State 28 Mia- Fl
Zip / Country 24 33155 / 25 DADE	Zip / Country 29 33155 / 30 DADE

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0383348 (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

ALARD, ENRIQUE S
12862 SW 115TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: MODESTO MENDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 7445 SW 23RD ST
83
84 City: MIAMI FL 85 Zip Code: 33155

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] 2/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DELETE	☐ Change ☐ Addition
NAME	ALARD, ENRIQUE S		1.2 NAME		
STREET ADDRESS	12862 SW 115TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MENDEZ, MODESTO		2.2 NAME	MENDEZ, MODESTO	
STREET ADDRESS	15609 SW 73RD CIRCLE TERRACE #88		2.3 STREET ADDRESS	7445 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33193		2.4 CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE	3.1 TITLE	VSTD	☐ Change ☒ Addition
NAME			3.2 NAME	MENDEZ, MINERVA	
STREET ADDRESS			3.3 STREET ADDRESS	7445 SW 23RD ST	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 [signature] 2/28/96 305 2616251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #