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

4-26-96 B-46774-MC

DOCUMENT # **P93000032942 (3)**

1. Corporation Name

G.M. LOGISTICS, INC.

Principal Place of Business

~~1325 NW 78TH AVE~~ 4310 N.W 36 AVE
~~MIAMI FL 33126~~ MIAMI FLA
~~US~~ 33147 US

Mailing Address

~~1325 N/W/ 78TH AVE.~~
~~MIAMI FL 33126~~
~~US~~

SAME

3. Date Incorporated or Qualified: **05/03/1993**	3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0410012**	☐ 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	

2. Principal Place of Business

21 4310 N.W 36th AVE
22 Suite, Apt. #, etc.
23 MIAMI FL
24 33147 25 US

2a. Mailing Address

26 4310 N.W 36th AVE
27 Suite, Apt. #, etc.
28 MIAMI FL.
29 33147 30 US.

9. Name and Address of Current Registered Agent

GONZALEZ, MARY
15280 S.W. 153RD ST.
MIAMI FL 33122

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 _____ (NOTE: Registered Agent's Signature Required) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, DAVID		1.2 NAME	
STREET ADDRESS	15280 S.W. 153RD ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MARY F		2.2 NAME	
STREET ADDRESS	15280 S.W. 153RD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	

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)(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, added, or deleted.

SIGNATURE: Mary Gonzalez 4/5/96 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)