

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000033605 (5)

1. Corporation Name

U. S. AIRFREIGHT, INC.



Principal Place of Business

Mailing Address

7213 NW 46 ST  
MIAMI FL 33166  
US

7213 NW 46 ST  
MIAMI FL 33166  
US

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 5579 N. W. 72 AVE

26 5579 N.W. 72 AVE

4. FEI Number

65-0408657

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33166

25 U.S.A.

29 33166

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

10. Name and Address of New Registered Agent

ALMANZAR, JOSE  
12330 NW 7TH TRAIL  
MIAMI FL 33182

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

Signature of person filing this report of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jose Almanzar

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> DELETE
1. NAME	ALMANZAR, JOSE
2. STREET ADDRESS	6615 NW 40 ST
3. CITY-STATE-ZIP	VIRGINIA GARDENS FL Miami, FL 33182
4. TITLE	VP
5. NAME	ALMANZAR, BLANCA
6. STREET ADDRESS	12330 NW 7TH TRAIL
7. CITY-STATE-ZIP	MIAMI FL
8. TITLE	
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98. STREET ADDRESS	
99. CITY-STATE-ZIP	
100. TITLE	

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. 1.1 TITLE		
2. 1.2 NAME		
3. 1.3 STREET ADDRESS		
4. 1.4 CITY-STATE-ZIP		
5. 2.1 TITLE		
6. 2.2 NAME		
7. 2.3 STREET ADDRESS		
8. 2.4 CITY-STATE-ZIP		
9. 3.1 TITLE		
10. 3.2 NAME		
11. 3.3 STREET ADDRESS		
12. 3.4 CITY-STATE-ZIP		
13. 4.1 TITLE		
14. 4.2 NAME		
15. 4.3 STREET ADDRESS		
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26. 7.2 NAME		
27. 7.3 STREET ADDRESS		
28. 7.4 CITY-STATE-ZIP		
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34. 9.2 NAME		
35. 9.3 STREET ADDRESS		
36. 9.4 CITY-STATE-ZIP		
37. 10.1 TITLE		
38. 10.2 NAME		
39. 10.3 STREET ADDRESS		
40. 10.4 CITY-STATE-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)(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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Almanzar

Date

Daytime Phone #

1/25/96 305-591-0084

CR2E034 (12/95)