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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000033605 (5)**

1. Corporation Name
U. S. AIRFREIGHT, INC.

Principal Place of Business	Mailing Address
5579 NW 72 AVE MIAMI FL 33166 US	5579 NW 72 AVE MIAMI FL 33166-4251 US

3. Date Incorporated or Qualified: **05/10/1993**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / 29:
Country — 25: / 30:

4. FEI Number: **65-0408657** ☐ 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

ALMANZAR, JOSE
12330 NW 7TH TRAIL
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name: ALMANZAR, JOSE
82 Street Address (P.O. Box Number is Not Acceptable): 372 LA VILLA DR.
83:
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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 _____ DATE
Signature of typed or printed name of registered agent appointed in this report (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	ALMANZAR, JOSE		1.2 NAME	ALMANZAR, JOSE	
STREET ADDRESS	12330 NW 7 TRAIL		1.3 STREET ADDRESS	372 La Villa DR	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	ALMANZAR, BLANCA		2.2 NAME	Almanzar, Blanca	
STREET ADDRESS	12330 NW 7TH TRAIL		2.3 STREET ADDRESS	372 La Villa DR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Spring, FL 33166	
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		

CR2E034 (9/96)

14. I do hereby certify that the information 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 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] 1-07-97 305-887-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0226542