

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT #  
1. Corporation Name

ALBANY FREIGHT, INC.

Principal Place of Business

5245 N.W. 36 Street  
Suite 230  
Miami, FL 33166

Mailing Address

5245 N.W. 36 Street  
Suite 230  
Miami, FL 33166

2. Principal Place of Business

21 5209 N.W. 74 Avenue

Suite, Apt. #, etc.  
22 #225

City & State

23 Miami, FL

Zip  
24 33166

Country  
25 USA

2a. Mailing Address

26 5209 N.W. 74 Avenue

Suite, Apt. #, etc.  
27 #225

City & State

28 Miami, FL

Zip  
29 33166

Country  
30 USA

9. Name and Address of Current Registered Agent

~~Caridad C. Gonzalez~~  
~~5245 N.W. 36 Street, Suite 230~~  
~~Miami Springs, Florida 33166~~

3. Date Incorporated or Qualified

6/11/93

4. FEI Number

65-0422064

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Corporation Company of Miami

82 Street Address (P.O. Box Number is Not Acceptable)  
201 S. Biscayne Blvd., Suite 1500

83

84 City  
Miami

FL

85 Zip Code  
33131

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 Corporation Company of Miami By: *[Signature]*

President 12-30-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME Caridad, Gonzalez  
STREET ADDRESS 5245 NW 36 Street, Suite 230  
CITY-ST-ZIP Miami Springs, FL 33166

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☒ Change ☐ Addition  
1.2 NAME Raul Suarez Murias  
1.3 STREET ADDRESS 5209 N.W. 74 Avenue, #225  
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

Raul Suarez Murias

1/6/99

(305) 592-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 JAN 19 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)