CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049366 (6)

1. Corporation Name
M & R CARTAGE, INC.

Principal Place of Business	Mailing Address
~~7887 NW 80TH AVE.~~ MIAMI FL 33147 US	~~7887 NW 80TH AVE.~~ MIAMI FL 33147 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21: 2973 NW 71 ST
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 2973 NW 71 ST
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0423306 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~BARAK, ALEX T ESQ.~~
~~633 NORTHEAST 167TH STREET~~
~~STE. 512~~
~~NORTH MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

91 Name: Mindy A. Feldman C.P.A.
92 Street Address (P.O. Box Number is Not Acceptable): 500 NE Spanish River Blvd
93: Suite 205
94 City: Boca Raton FL 95 Zip Code: 33431

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: Mindy A. Feldman 2/15/95
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	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	GEENFIELD, AUREA	1.2 NAME	
STREET ADDRESS	502 NORTHWEST 97TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, EMMETT	2.2 NAME	
STREET ADDRESS	502 NORTHWEST 97TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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, or on an attachment with an address.

SIGNATURE: x Aurea Greenfield Vice President x 7-13-95 x 800-432-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161320 CP