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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049366 (6)

M & R CARTAGE, INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



2073 NW 71 81 MIAMI FL 33141 US		2973 NW 71ST ST Miami FL 33147-5933 US								
		**				3. Date Incorporated or Qualified 07/15/1993	3a. Date 04/0	e of Last R 1/1996	eport	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	oplied For]
21		26	26			65-0423306		No	ot Applicable	
Sulte, Apt. (#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State	<u>├</u> ¬ ′			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Cour 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \) No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		1
FELUMAN, MINUT A OFA					81 Name					
500 STE	NE SPANITSH RIVER BLVD 205		82 Stree			dress (P.O. Box Number is Not Acceptate	ole)]
BOC	A RAOTH FL 33431			83						
	RATON			84	City		FL	85 Zip	Code	
office or re	o the provisions of Sections 607.05 egistered agont, or both, in the Stat or familiar with, and accept the oblig	e of Florida. Such change was	authoriz	zed by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of our out the appo	hanging it intment as	is registered registered	
SIGNATURE	Signature, typod or printed name of registered as	gent and tille if applicable. (NO	TE flogisk	ored Age	nt signature requ	vired when reinstating)	DATE]_
12.	OFFICERS AND DIRECTORS 13			3.		ADDITIONS/CHANGES TO OFFICE				18
TITLE	VI	☐ DELETE	THILE			l	Change	☐ Addition	9	
NAME				2 NAME						5
STREET ADDRESS	502 NORTHWEST 97TH AVE.				ADDRESS					ļŭ
CITY-ST-ZIP				1 CITY-S	T-ZIP			Change	Addition	١ġ
TITLE	PD GREENFIELD, EMMETT	☐ DELETE	E 2.1 TITLE 2.2 NAME				·	Change	LJ Addition	`
NAME	502 NORTHWEST 97TH AVE	JI IE								
STREET ADDRESS	PLANTATION FL 33324	101								
CITY-ST-ZIP TITLE	TOTAL COLL	DELETE		4 CITY - S 1 TITLE	51 · 24F			Change	Addition	1
NAME		ω		2 NAME		•			-	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	1			4 CITY-S						
TITLE		☐ DELETE		1 1111.E				Change	Addition	1
NAME			4.	2 NAME		•				
STREET ADDRESS			4.3	3 STREET	ADDRESS					
CITY-ST-ZIP			4.6	4 CITY - S	1-7IP					j
TITLE		☐ DELETE	5.1	1 TITLE			I	Change	Addition	
NAME			5.2	2 NAME						
STREET ADDRESS			53	3 STREET	ADDRESS					
CITY-ST-ZIP			54	4 CITY - 5	1 - 7IP					_
TITLE		☐ DELETE	6.	1 INCE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			62	2 NAME						
STREET ADDRESS			6.3	3 STHEET	ADDRESS					
CITY-ST-ZIP 14 Lide bereby certify that the information supplied with this filing does not qualify for				4 CITY-S		110 07/04/2 51: 110	- 14 -11			4
t 14. Ido berel	ny certity that the information suppli	ea with this tiling does not bua	my for t	oe exe	roduon State	ea in Section 1 19.07(3)H), Florida Statuté	is. i iurinėr	cermy mai	. uie	1

no nereby cernity that the information supplied with this tiling doos not qualify for the exemption stated in Socion 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 eath; that 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 or an attachment with an address.

ON ATTURE.