

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000006894 (7)

1. Corporation Name

MIAMI CARGO HANDLING, INC.



Principal Place of Business

1850 NW 84TH AVENUE  
BLDG. 116  
MIAMI FL 33126

Mailing Address

1850 NW 84TH AVENUE  
BLDG. 116  
MIAMI FL 33126

2. Principal Place of Business

21 6115 - 6117 NW 72nd Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 6115 - 6117 NW 72nd Ave  
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL  
Zip

27 City & State

28 MIAMI, FL  
Zip

24 33166 Country

29 33166 Country

30

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

65-0465863

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

SCHUEFLIN, BONNE Z  
LITMAN, MUCHNICK, WASSERMAN & HARTMAN  
4000 HOLLYWOOD BLVD. #610-N  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

BALWANT CHEEMA

82 Street Address (P.O. Box Number is Not Acceptable)

10300 Sunset Dr. #195

83

84 City

MIAMI

FL

85 Zip Code

33173

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 *Balwant Cheema*, Balwant Cheema

2-29-96

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  
NAME YANAGITA, HIDEO  
STREET ADDRESS 1850 NW 84TH AVENUE #116  
CITY-STATE-ZIP MIAMI FL 33126  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

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STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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]*  
Signature and Typed or Printed Name of Signing Officer or Director

MAR 07 '9 (305) 863-0100  
Date Daytime Phone #

CR2E034 (12/95)