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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

MIAMI CARGO HANDLING, INC. Principal Place of Business 8115-8117 NW 72ND AVENUE MIAMI FL 33166 US		6115-6117	Mailing Address 6115-6117 NW 72ND AVENUE MIAMI FL 33156-3707 US							
						3. Date Incorpo	rated or Qualified. 4		ate of Last R /13/1996	teport
7	Place of Business	\vdash	g Address			4. FEI Number			Ar	oplied For
Suite, Apt.	# atc	26 Suite	Apl. #, etc.			65-04658	363		 _	ot Applicab
	, n ₁ 000.	27	лрі: «, 610.			5. Certificate of	Status Desired			Additional equired
City & Stat	le		State			6. Election Cam	paign Financing			May Be
3		28		T	· · · · · · · · · · · · · · · · · · ·	Trust Fund C			Added	to Fees
Zip	Country	Z (p)		Country 30		This corporat Florida Statut	ion has liability for os	intangible ☐ Yes [. 199.032,
<u> </u>	9. Name and Address of Cu		Agent	1901			ddress of New R			
	to the provisions of Sections 607.	.0502 and 607.150	R. Florida Stati	utoe the above	City MV	4M1	statement for the	FL	. 33	Code <u>el</u> S
	to the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the o	State of Florida Suc obligations of, Section	ch change was on 607.0505, F	s authorized by Florida Statutes	the corporat	ion's board of direct				registered
SIGNATURE	Signature, typed or printed name of registere	dagent and title if applica		H Hegistered Ager		nd when reinstating)	1	-2-9	7	
SIGNATURE	Signature, typed or printed name of registrate OFFICERS	Chum_				nd when reinstating)		-2-9	7	3S IN 12
EIGNATURE 2. ITLE AME TREET ADDRESS	Signature Typed of printed name of registers OFFICERS PD YANAGITA, HIDEO 1850 NW 84TH AVENUE #	d agent and tife diappied AND DIRECTORS	ble (NE)	13. 1.1 THLE 1.2 NAME 1.3 STREET	ni signalive requir	nd when reinstating)	1	-2-9	DIRECTOR	3S IN 12
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or fursited 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:

STONY OF THE PERSON OF THE PER

APR. 11 '97 (305)863-9102

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Apr 18 1997 8:00am

Secretary of State