1-19-95B-159-C

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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:21

DOCUMENT # P94000014508 (3)

1. Corporation Name
TRM IMPORT/EXPORT FREIGHT FORWARDING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 NE 130TH ST.<br>NORTH MIAMI FL 33161 | 300 NE 130TH ST.<br>NORTH MIAMI FL 33161 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number |
|---|---|---|
| 21 3020 N.W. 7 AVE. | 26 3020 N.W. 7AVE | 65-0456064 ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc. B | 27 Suite, Apt. #, etc. B | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| 23 City & State MIAMI, FL | 28 City & State MIAMI, FL | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |
| 24 Zip 33127 25 Country U.S. | 29 Zip 33127 30 Country U.S. | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LEVY, ROSA M<br>300 NE 130TH ST.<br>NORTH MIAMI FL 33161 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEVY, ROSA M | 1.2 NAME | |
| STREET ADDRESS | 300 NE 130TH ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | OLIVEROS, GILDA | 2.2 NAME | |
| STREET ADDRESS | 8898 N.W. 110TH LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33016 | 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:** _____ 1/11/94 305/633-7172
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0174418 CP