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

2a. Mailing Address

City & State

 $Z_{i}p$

Suite, Apt. #, etc.

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PROFIT **CORPORATION ANNUAL REPORT**

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

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1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000014914 (3)

A. J. B. INTERNATIONAL TRANSPORT, INC.

Country

g. Name and Address of Current Registered Agent

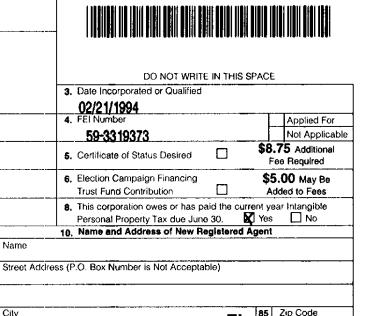
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BARBOSA, ALEJANDRO **4515 GAINES ROAD**

TAMPA FL 33611

Principal Place of Business	Mailing Address
4515 GAINES ROAD	4515 GAINES ROAD
TAMPA FL 33611	TAMPA FL 33611

FILED May 04 1998 8:00am Secretary of State



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 Signature, typod or picited name of registered agent and title if applicable (NOTE Registered Agont's gnature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ___ Addition TITLE 1.1 TITLE BARBOJA, ALEJANDRO NAME 12 NAME 4515 GAINES RD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 211IILE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZiP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-7IE TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 THILE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Country

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83 84 Name

City

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14. Thereby 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 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 is true and according 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 of the representation of the representation of the representation. Block 12 or Block 13 if changed, or