

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029651 (4)

1. Corporation Name

M.C.M. CARRIERS CORPORATION

Principal Place of Business

7109 SIMONS ROAD
ZEPHYRHILLS FL 33541

Mailing Address

7109 SIMONS ROAD
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
APRIL 1994

4. FEI Number
59-3238719

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

2. Principal Place of Business

21 7109 SIMONS ROAD

Suite, Apt. #, etc.

22

City & State

23 ZEPHYRHILLS FL

Zip

24 33541

Country

25 U.S.A.

2a. Mailing Address

26 7109 SIMONS ROAD

Suite, Apt. #, etc.

27

City & State

28 ZEPHYRHILLS FL

Zip

29 33541

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ERRASTI-MARTINS, MICHELLE
7109 SIMONS ROAD
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name

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

83

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

Michelle Errasti-Martin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE MICHELLE ERRASTI-MARTINS
NAME PRESIDENT
STREET ADDRESS P.O. 24715 → 7109 SIMONS ROAD
CITY-ST-ZIP TAMPA FL 33623 → ZEPHYRHILLS FL 33541

TITLE GERALD CABRAL
NAME VICE PRESIDENT
STREET ADDRESS 7109 SIMONS ROAD
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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: *Michelle Errasti-Martin* MICHELLE ERRASTI-MARTINS 4/24/95 (813) 788-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number