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 # P94000039156 (2)

1. Corporation Name
MIAMI INTERNATIONAL HANDLING SERVICES, INC.

Principal Place of Business
~~7225 N.W. 25TH ST.~~
~~#300~~
~~MIAMI FL 33166~~

Mailing Address
~~7225 N.W. 25TH ST.~~
~~#300~~
~~MIAMI FL 33166~~

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 10201 N.W. 21 Street
Suite, Apt. #, etc
22
City & State
23 Miami, FL
Zip 24 33172 Country 25 US

2a. Mailing Address
26 10201 N.W. 21 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33172 Country 30 US

4. FEI Number: ~~APPLIED FOR~~ 65-0575903 ☐ 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 XX Yes ☐ No

9. **Name and Address of Current Registered Agent**

LOWREY, SCOTT E
~~7225 N.W. 25TH ST.~~
~~#300~~
~~MIAMI FL 33166~~

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10201 N.W. 21 Street
83
84 City Miami FL 85 Zip Code 33172

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 ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LOWREY, SCOTT	
STREET ADDRESS	~~8510 WINDMILL RANCH RD.~~	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 3331~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	6825 Brookline Drive	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33015	
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	000001882880	
4.3 STREET ADDRESS	-07/03/96--01023--021	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE	900001882879	☐ Change ☐ Addition
5.2 NAME	-07/03/96--01023--020	
5.3 STREET ADDRESS	***25.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7-2-96

CR2E034 (12/95)

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] 5/10/96 305-593-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #