

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000053570 (5)**

1. Corporation Name

CONTINENTAL FREIGHT, INC.



Principal Place of Business

Mailing Address

**2149 N. W. 79TH AVENUE
MIAMI FL 33122
US**

**2149 N. W. 79TH AVENUE
MIAMI FL 33122
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUES, ELIDIO
2149 N. W. 79TH AVENUE
MIAMI FL 33122**

81 Name **ROBERTO HELCER**
82 Street Address (P.O. Box Number is Not Acceptable)
2149 NW 79TH AVE
83
84 City **MIAMI** FL 85 Zip Code **33122**

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]

01-19-96

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
NAME	D	☒ DELETE
Street Address	RODRIGUES, ELIDIO	
City, St, Zip	2149 N. W. 79TH AVENUE	
NAME	D	☒ DELETE
Street Address	HELCEER, ROBERTO	
City, St, Zip	2149 N. W. 79TH AVENUE	
NAME		☐ DELETE
Street Address		
City, St, Zip		
NAME		☐ DELETE
Street Address		
City, St, Zip		
NAME		☐ DELETE
Street Address		
City, St, Zip		
NAME		☐ DELETE
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	ROBERTO HELCER	
1.3 STREET ADDRESS	2149 NW 79TH AVE	
1.4 CITY, ST, ZIP	MIAMI, FL 33122	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		☐ Change ☐ Addition
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 in 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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1-19-96 305-639-2725

CR2E034 (12/95)