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

APPROVED AND FILED

95 APR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058599 (9)**

1. Corporation Name

BONDED EXPRESS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
101 MADEIRA AVENUE CORAL GABLES FL 33134	101 MADEIRA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 65-0511943 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARAZOZA & COMAS, P.A. 101 MADEIRA AVENUE CORAL GABLES FL 33134	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: [signature] 04-19-95
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature may not be required when not changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	GARCIA, AGUSTIN	12 NAME	GARCIA, AGUSTIN	
STREET ADDRESS	8289 N.W. 54TH STREET	13 STREET ADDRESS	8289 N.W. 54th ST.	
CITY-ST-ZIP	MIAMI FL 33166	14 CITY ST ZIP	MIAMI, FL. 33166	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	GOMEZ, MARIA	22 NAME	NORMA GARCIA	
STREET ADDRESS	8289 N.W. 54TH STREET	23 STREET ADDRESS	8289 N.W. 54TH ST	
CITY ST ZIP	MIAMI FL 33166	24 CITY ST ZIP	MIAMI, FL. 33166	
TITLE	XX	31 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ARGENIS	32 NAME		
STREET ADDRESS	8289 N.W. 54TH STREET	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33166	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: [signature] AGUSTIN GARCIA = PRESIDENT 04-19-95 (305)593-0033
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0150020 CP