

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

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95 MAY -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000064661 (9)

1. Corporation Name

FREIGHT SERVICES, INC.

Principal Place of Business

6249 N.W. 190TH TERRACE
MIAMI FL 33015

Mailing Address

6249 N.W. 190TH TERRACE
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 2550 N.W. 72nd Avenue

Suite, Apt. #, etc.

22 Suite 117

City & State

23 Miami, Florida

Zip

24 33122

Country

25 Dade

2a. Mailing Address

26 2550 N.W. 72nd Avenue

Suite, Apt. #, etc.

27 Suite 117

City & State

28 Miami, Florida

Zip

29 33122

Country

30 Dade

4. FEI Number

65-0517047

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

SCHWARTZ, MICHAEL B
6249 N.W. 190TH TERRACE
MIAMI FL 33015

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

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

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	MICHAEL SCHWARTZ	6249 NW 190 TERR	MIAMI FL 33015
SECRETARY-TREASURER	AMBREY SCHWARTZ	3409 CHURCH ST	SKOKIE, ILL 60073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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)(b), 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SCHWARTZ

4/27/95

DATE

(305) 592-2611

Telephone Number