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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:17

DOCUMENT # **P94000072730 (2)**

1. Corporation Name
FAST CARGO FREIGHT, INC.

Principal Place of Business	Mailing Address
11 OLIVE DRIVE SUITE H MIAMI FL 33010	11 OLIVE DRIVE SUITE H MIAMI FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8302 NW 56 Street
22: Suite, Apt. #, etc
23: City & State: MIAMI FL
24: Zip: 33166
25: Country: USA

2a. Mailing Address
26: 8302 NW 56 Stred
27: Suite, Apt. #, etc
28: City & State: MIAMI FL
29: Zip: 33166
30: Country

4. FEI Number: 65-0524238 ☐ 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

HINCAPIE, FANNY
11 OLIVE DR.
SUITE H
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: MARIBEL JIMENEZ
82 Street Address (P.O. Box Number is Not Acceptable): 5332 NW 187 STREET
83:
84 City: MIAMI FL 85 Zip Code: 33055

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] 05-08/95
Signature of new or previous registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	President	☒ Change ☐ Addition
NAME	HINCAPIE, FANNY	12 NAME	MARIBEL JIMENEZ	
STREET ADDRESS	11 OLIVE DR. SUITE H	13 STREET ADDRESS	5332 NW 187 STREET	
CITY ST ZIP	HIALEAH FL 33010	14 CITY ST ZIP	MIAMI FL 33055	
TITLE	SVD	21 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, MARIBAL	22 NAME		
STREET ADDRESS	11 OLIVE DR. SUITE H	23 STREET ADDRESS		
CITY ST ZIP	HIALEAH FL 33010	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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] 05-08/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 08/95
Date

(305) 591-0077
Daytime Phone Number

0070500 CP