SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 21 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000091318 (3)

1. Corporation Name
AR AIR CARGO, INC.

Principal Place of Business	Mailing Address
7955 W. 20TH AVENUE HIALEAH FL 33014	7955 W. 20TH AVENUE HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report

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

4. FEI Number — [X] 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
FOSTER, GARY 7955 W. 20TH AVENUE HIALEAH FL 33014	81 Name: ROGER OPRANDI 82 Street Address (P.O. Box Number is Not Acceptable): 7955 W. 20TH AVENUE 83 HIALEAH 84 City: Hialeah FL 85 Zip Code: 33014

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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 7-17-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D — [X] Change [ ] Addition
NAME	FOSTER, GARY	1 2 NAME	ROGER OPRANDI
STREET ADDRESS	7955 W. 20TH AVENUE	1 3 STREET ADDRESS	7955 W. 20TH AVENUE
CITY-ST-ZIP	HIALEAH FL 33014	1 4 CITY-ST-ZIP	~~HIALEAH, FL. 33014~~
TITLE	D	2 1 TITLE	D — [X] Change [ ] Addition
NAME	OPRANDI, ROGER	2 2 NAME	CRAIG HASSEY
STREET ADDRESS	7955 W. 20TH AVENUE	2 3 STREET ADDRESS	7955 W. 20TH AVENUE
CITY-ST-ZIP	HIALEAH FL 33014	2 4 CITY-ST-ZIP	HIALEAH, FL. 33014
TITLE	D	3 1 TITLE	[X] Change [ ] Addition
NAME	HASSEY, CRAIG	3 2 NAME	NONE
STREET ADDRESS	7955 W. 20TH AVENUE	3 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	[X] Change [ ] Addition
NAME	LEVANDER, ROGER	4 2 NAME	NONE
STREET ADDRESS	7955 W. 20TH AVENUE	4 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	[X] Change [ ] Addition
NAME	PEDERSEN, NOEL	5 2 NAME	NONE
STREET ADDRESS	7955 W. 20TH AVENUE	5 3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (3/95)

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] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 7-17-95 Daytime Phone #: 305-824-1333

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