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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000030669 (2)

CALIMA TRANSPORT, INC.

01/98/20

Principal Place of Business

Mailing Address

## FILED Feb 03 1998 8:00am Secretary of State



POST OFFICE BOX 980892 POST OFFICE BOX 960892 MIAMI FL 33298-0892 MIAMI FL 33296-0892 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1995 cipal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0574302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State . 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PARDO, BETTY 6131 SW 129TH CT 82 Street Address (F MIAMI FL 33183 83 City am 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 the discount of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THLE BERMUDEZ, CARLOS E 1.2 NAME NAME 6770 SW 156 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP SD DELETE Change TITLE 2.1 T(TLE ☐ Addition PARDO, BETTY 2.2 NAME 6131 SW 129 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-\$1-ZIP 2 4 CITY - ST - 7(P DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - 7IP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- 2IP DELETE 6.1 THLE TITLE 10000242081 -02/04/98--01003--011 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 CITY-ST-7IP 6.4 CULY - ST - 7IP

14. I hereby certify that the information supplied with this filing 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 supplience 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 occurrence 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 or an attachment with an address.

SIGNATURE: X / NI/OS E. Sernicole

1/26/98 (305)388-1787