FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000045797

1. Corporation Name

CARIBBEAN INTERNATIONAL AIR CARGO, INC.

Principal Place of Business	Mailing Address
121 N.W. 190 STREET MIAMI, FL 33169	P.O. BOX 591047 MIAMI INT'L AIRPORT S.W. CARGO MIAMI, FL 33159-1047

3. Date Incorporated or Qualified: JUNE 7, 1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0665497 ☐ 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

CLAUDE A. PAUL
121 N.W. 190 STREET
MIAMI, FL 33169

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] PRESIDENT/CEO - CLAUDE A. PAUL DATE 5/29/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS	
TITLE	P	☐ DELETE
NAME	CLAUDE A. PAUL	
STREET ADDRESS	121 N.W. 190 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	V	☒ DELETE
NAME	RONALD EDMOND	
STREET ADDRESS	14482 S.W. 144 CT	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T/S	☒ DELETE
NAME	KARLRENTZ LACROIX	
STREET ADDRESS	3026 E. MISSION RD. CIRCLE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T/S	☒ Change ☐ Addition
2.2 NAME	MARIE-JOSE D. PAUL	
2.3 STREET ADDRESS	121 N.W. 190 Street	
2.4 CITY-ST-ZIP	MIAMI, FL 33169	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	600001852886	
5.3 STREET ADDRESS	-06/06/96--01016--009	
5.4 CITY-ST-ZIP	***208.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

CR2E034 (12/95)

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] CLAUDE A. PAUL 5/29/96 (305) 770-0654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #