

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000045797 (4)

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 20422 NE 7th PLACE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

24 33179

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

PAUL, CLAUDE A.

82 Street Address (P.O. Box Number is Not Acceptable)

83 20422 NE 7th PLACE

84 City

MIAMI

FL

85 Zip Code

33179

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME PAUL, CLAUDE A
STREET ADDRESS 121 N.W. 190 STREET
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE VTS
NAME PAUL, MARIE-JOSE D
STREET ADDRESS 121 N.W. 190 STREET
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC
1.2 NAME PAUL, CLAUDE A. ☒ Change ☐ Addition
1.3 STREET ADDRESS 20422 NE 7th PLACE
1.4 CITY-ST-ZIP MIAMI FL 33179

2.1 TITLE VTS
2.2 NAME PAUL, MARIE-JOSE D. ☒ Change ☐ Addition
2.3 STREET ADDRESS 20422 NE 7th PLACE
2.4 CITY-ST-ZIP MIAMI FL 33179

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 registered 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

3/2/98

305-555-1600

CR2E034 (10/97)