

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000057116 (2)

1. Corporation Name

LCM SHIPPING AND FREIGHT, INC.



Principal Place of Business

Mailing Address

15870 S.W. 105TH AVE.  
MIAMI FL 33157

15870 S.W. 105TH AVE.  
MIAMI FL 33157

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 6120 NW 74 AVE

26 6120 NW 74 AVE

4. FEI Number

65-0600 772

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33166

33166

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

ROACH, CLAYTON G  
15870 S.W. 105TH AVE.  
MIAMI FL 33157

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, typed or printed name of 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 D  
NAME CODLING, LINFORD R  
STREET ADDRESS 15870 S.W. 105TH AVE.  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME RODNEY, LLKOYD R  
STREET ADDRESS 5540 WASHINGTON ST., #11  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D  
NAME ROACH, COURTNEY F  
STREET ADDRESS 9855 S.W. 197TH ST.  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME ROACH, MAXINE C  
STREET ADDRESS 9855 S.W. 197TH ST.  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LINFORD R. CODLING

7/11/96 305 715 7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)