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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTOF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # P96000020974 (7)				98 JAN 29 AM 9: 47	
SCANWELL FREIGHT EXPRESS (MIA) INC.				TALLAHAS	SEE. FLORIDA
Drivers of Ole		Marillan Address			
Principal Place of Business Mailing Address 7925 NW 12 ST STE 111 7925 NW 12 ST STE 111					$\sim 2$
MIAMA FL 33126 MIAMA FL 33126-1820			REINSTATEM	IENIT 977-48	
				3. Date Incorporated or Qualified 03/07/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address		4. FEI Number	Applied For
21 2801 NW 74th Ave		26 2801 NW 74th Avenue		65-0651131	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite 212 City & State		27 Suite 212 City & State			Fee Required
23 Miam		28 Miami, FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 3312			30	Florida Statutes	Yes No
100	9, Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	agistered Agent
	N SERVICES INC				
526 EAST PARK AVE. STE. 200			82 Street Add	tress (P.O. Box Number is Not Acceptate	ole)
TALLAHASSEE FL 32302			83		
ļ ''	•		84 City		85 Zip Code
			Ouy		FL 3 20 Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607,1508, Florida Statute of Florida, Such change was a	es, the above-named corpora	poration submits this statement for the pition's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent. I a		itions of Section 607.0505. Flo	rida Statutes.	tion's board of directors. I hereby acce	1/20/64
SIGNATURE	Signature Typeg of printed name of registered agen	of and the happing able (NOTE	Registered Agent signature requi	red when reinstation)	7/28/98 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	President	DELETE	L1 TITLE		☐ Change ☐ Addition
NAME	Dennis Choy		1.2 NAME	7000024	1198577
STREET ADDRESS	225 Gloria Circ		1.3 STREET ADDRESS	-02/03/	198577     9801062008
CITY-ST-ZIP TITLE	Menlo Park, CA (	94025 DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<del></del>	O.OO PROMISSION
NAME	Vice President		2.2 NAME		
STREET ADDRESS	Adam Hassan 333 Victory Ave		2.3 STREET ADDRESS		
CITY-ST-ZIP	-San Francisco, (	NVE	2. 4 CITY - ST - ZIP		
TITLE	AND THURSTOCK!	DELETE DELETE	3.1 TITLE	·	Change Addition
NAME			3.2 NAME		
STREET CORESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ OELETE	4.1 TITLE		Change Addition
NAME	·		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.9 STREET AUDRESS 5.4 CITY - ST - ZIP		
TITLE .		DELETE	6.1 TITLE		Change Addition
NAME	$f \setminus$		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP4			6.4 CITY+ST-ZIP		

1. I do hereby certify the tre 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 indicerties in this annulal report of 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 of affect or 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 all lock 13 if charged, or on an attachment with an address.

OLONIATURE.

1/3/98