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

PROFIT CORPORATION ANNUAL REPORT

1998

.

· 使用 李俊明等

Tilephone.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021612 (2)

SEABOARD TRANSPORT EXPRESS, INC.

## FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3061 S.W. 11TH ST. 3061 S.W. 11TH ST. MIAMI FL 33135 **MIAMI FL 33135** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 55-0648744 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ No 25 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent PINO. JOSE E 3061 S.W. 11TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 City 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE 1.1 TITLE Change \_\_\_ Addition TITLE NAME PINO. JOSE E 1.2 NAME 3061 S.W. 11TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP 1.4 CITY ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of supplier/ental 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 conformation 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 for organ attachment with an address.

SIGNIATURE.

1-30-98 (05) 138-456