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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000025893 (4)

1. Corporation Name:  
DELUXE AIRFREIGHT, INC.



Principal Place of Business

713 NW 135 CT.  
MIAMI FL 33182

Mailing Address

713 NW 135 CT.  
MIAMI FL 33182-2259

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 10871 NW 33<sup>RD</sup> ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0691756

Applied For

Not Applicable

22 City & State

23 MIAMI, FLORIDA

27 City & State

28 City & State

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

24 33172

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

FONTE, MIRTHA E  
503 SANTANDER AVE. #3  
CORAL GABLES FL 33134

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MUNOZ, WILLIAM  
STREET ADDRESS 713 NW 135 CT.  
CITY-ST-ZIP MIAMI FL 33182

☐ DELETE

TITLE V  
NAME SARMIENTO, MANUEL A  
STREET ADDRESS 10505 SW 52 TER.  
CITY-ST-ZIP MIAMI FL 33185

☐ DELETE

TITLE S  
NAME SARMIENTO, ISABEL M  
STREET ADDRESS 10505 SW 52 TER.  
CITY-ST-ZIP MIAMI FL 33185

☐ DELETE

TITLE T  
NAME MUNOZ, ANA M  
STREET ADDRESS 713 NW 135 CT.  
CITY-ST-ZIP MIAMI FL 33182

☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 X WILLIAM MUNOZ *William Munoz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 305-513-9931  
Date Daytime Phone #

CR2E034 (9/96)