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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000066950

1. Corporate Name

AIRSEALAND FREIGHT, INC.

Principal Place of Business / Mailing Address

8004 N.W. 68 ST.
MIAMI, FLORIDA 33178 **SAME**

3. Date Incorporated or Qualified: **AUGUST 7/96**
3a. Date of Last Report: **FIRST ONE**

2. Principal Place of Business — 21: **8004 N.W. 68 ST.**
2a. Mailing Address — 26:
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
23 City & State: **MIAMI, FLORIDA**
28 City & State:
24 Zip: **33178** 25 Country: **USA**
29 Zip: 30 Country:

4. FEI Number: **65-0744484** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ NO. **$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

9. Name and Address of Current Registered Agent

EVELYN C. PALACIO
7327 N.W. 8TH ST.
MIAMI, FLORIDA 33126

10. Name and Address of New Registered Agent

81 Name: **BLANCA LEDA RODRIGUEZ**
82 Street Address (P.O. Box Number is Not Acceptable): **15221 S.W. 55 TERRACE**
83
84 City: **MIAMI** **FL** 85 Zip Code: **33185**

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: Leda Rodriguez (Signature of 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**PRESIDENT** **EVELYN C. PALACIO** **7327 N.W. 8TH STREET** **MIAMI, FL 33126** ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**PRESIDENT** **AMALIA HERNANDEZ** **280 S.W. 129 AVE** **MIAMI, FL** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VICE PRESIDENT** **GABRIEL R. PALACIO** **7327 N.W. 8ST.** **MIAMI, FL.** ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**VICE PRESIDENT** **ELVIA GARCIA** **280 S.W. 129 AVE** **MIAMI FLORIDA** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**TREASURER** **EVELYN C. PALACIO** **7327 N.W. 8 ST.** **MIAMI, FLORIDA 33126** ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**TREASURER** **BLANCA LEDA RODRIGUEZ** **15221 S.W. 55 TERRACE** **MIAMI, FLORIDA 33185** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**SECRETARY** **OSCAR IGLESIAS** **15221 S.W. 55 TERRACE** **MIAMI, FLORIDA 33185** ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002163140 -05/07/97--01026--051 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

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: **BLANCA LEDA RODRIGUEZ/TREASURER** 4-28-97. **305-5979724**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leda Rodriguez