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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

	1990	DIVIDION OF	CONFONATIONS		
l	MENT # P96000 LEY-DAVID EXPEDITORS, II	•)	1 18811000 (18 18110 SAIN BEN) CON 6811 OCH 6811	118 11814 18118 14881 1811 1881
					((* : : : : : : : : : : : : : : : : : :
Principal Place of Business Mailing Address				f tadiefit sia intid Bitts austr unter aufert aufer all ein	IAM SIMAS IMICA SIMAS IMSE SAMI
12095 SW 116TH TERRACE MIAMI FL 33186		12095 SW 116TH TERRACE MIAMI FL 33186		DO NOT WRITE IN THIS	SPACE
)				3. Date Incorporated or Qualified	
				11/12/1996	
<u> </u>	lace of Business	28. Mailing Address		4. FEI Number	Applied For
21	4	26		65-0697945	Not Applicable
Sulte, Apt.	#, G IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	Cily & State		6. Election Campaign Financing	
23	_	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	I Agent
	HERLEY-DAVID, MARY M		81 Name		
12095 SW 116TH TERRACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			-	·	
{			83		
			84 City	FI	85 Zip Code
4.5 Duray and	to the provisions of Sections 607 050	12 and 607 1609 Florida Plat	utos the above pemed es	rporation submits this statement for the purpose	= . 11
office or r	egistered agent, or both, in the State	of Florida, Such change wa	s authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
· -	m ramiliar with, and accept the oblig	ations of, Section 607.0505, I	Fiorida Statutos.		
SIGNATURE	Signature, typed or printed name of registered agr	ent and title it applicable (N	OTE: Registered Agent signature requ	uired when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ATHERLEY-DAVID, MARY M		1.2 NAME		
STREET ADDRESS	12095 SW 116TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	- OLCET	1.4 CITY-ST-ZIP		
TITLE	TD CARLOS A	DILETE	2.1 TITLE		Change Addition
NAME	DAVID, CARLOS A 12095 SW 116TH TERRACE		2 2 NAME		
STREET ADDRESS	MIAMI FL 33186		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD VD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	ATHERLEY, AMIRA A		3.2 NAME		
STREET ADDRESS	12095 SW 116TH TERRACE		3.3 STREET ADDRESS		İ
CITY-ST-ZIP	MIAMI FL 33186		3.4. CITY - ST - ZIP		ļ
TITLE		☐ DELETE	4.1 TOLE		☐ Change ☐ Addition
KAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 T(TLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	,	☐ ottelf	6.1 TITLE		The Manual Control of the Control of
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
VIII COLLETE			0.7 VILL 1311 AIF		

14. Thereby 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.

CICNATURE.