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

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thickness R. Williams As

CITY-ST-ZIP

FILED May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 🖟 Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000100603 (5) JAMAICA AIR CARGO, INC. Principal Place of Business Mailing Address 19593 NORTHWEST 61 AVENUE 19593 NORTHWEST 61 AVENUE HIALEAH FL 33015 HIALEAH FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-07/4364 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent Yes 24 25 29 30 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED Williams 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
16/96 NW 27th Nenuc 82 **CORAL GABLES FL 33134** 83 Miami 11. Pursuant to the provisions of Soctions 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. Williams SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Channe WILLIAMS, ANDREW RASHEED NAME 1.2 NAME 19593 NORTHWEST 61 AVENUE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33015 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE BROWN, BRENT NAME 2.2 NAME 19593 NORTHWEST 61 AVENUE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE EDWARDS, ROHAN NAME 3.2 NAME 19593 NORTHWEST 61 AVENUE STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

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

6.3 STREET ADDRESS