

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90005 046 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000001686**

1. Corporation Name

U.S.A. AIRFREIGHT TRANSPORTATION, INC.



Principal Place of Business

14748 SW 56 STREET
SUITE 108
MIAMI FL 33185

Mailing Address

14748 SW 56 STREET
SUITE 108
MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

650811074

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. **5770 SW 149 AVE**

26. **5770 SW 149 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **Miami**

27. **Miami**

City & State

City & State

23. **FL**

28. **FL**

24. **33193**

25. **U.S.A.**

29. **33193**

30. **U.S.A.**

9. Name and Address of Current Registered Agent

CANELA, JACQUELINE C
14748 SW 56 STREET
SUITE 108
MIAMI FL 33185

new add

10. Name and Address of New Registered Agent

81. Name **U.S.A. Air Freight Transportation**

82. Street Address (P.O. Box Number is Not Applicable)

5770 SW 149 Ave

83.

84. City **Miami**

FL

85. Zip Code **33193**

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

7-8-99

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE

NAME **CANELA, JACQUELINE C**

STREET ADDRESS **5770 SW 149 AVE**

CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VT** ☐ DELETE

NAME **CANELA, JORGE**

STREET ADDRESS **5770 SW 149 AVE**

CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE *Jackie Canela*

7-8-99 385-4560

CR2E034 (5/99)