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May 14 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 # **S40933**
1. Corporation Name
CAPITAL FREIGHT SYSTEMS, INC.

(1)



Principal Place of Business

**3560 NW 72 AVENUE
MIAMI FL 33122**

Mailing Address

**3560 NW 72 AVENUE
MIAMI FL 33122-1324**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**VEGAS, MANUEL G.
7335 N. W. 31ST STREET
MIAMI, FL 33122**

81 Name **IVAN DO AMARAL**

82 Street Address (P.O. Box Number is Not Acceptable)
3560 NW 72 AVENUE

83

84 City

MIAMI

FL

85 Zip Code
33122

10. Name and Address of New Registered Agent

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

IVAN DO AMARAL

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT** ☒ DELETE
NAME **VEGAS, MANUEL G.**
STREET ADDRESS **3560 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

1.1 TITLE **PDT** ☒ Change ☐ Addition
1.2 NAME **DO AMARAL, IVAN**
1.3 STREET ADDRESS **3560 NW 72 AVENUE**
1.4 CITY-ST-ZIP **MIAMI, FL. 33122**

TITLE **D** ☒ DELETE
NAME **FIELDS, LYNN**
STREET ADDRESS **3560 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

CR2E034 (9/96)