

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 PM 1:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S79352 (8)

1. Corporation Name

FAST CARGO, MIAMI, INC.

Principal Place of Business

**4468 NW 74TH AVE.
MIAMI FL 33166**

Mailing Address

**4468 NW 74TH AVE.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0284100

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENEZES, RODGER A.
4468 NW 74TH AVE.
MIAMI FL 33166**

81 Name

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

83

84 City

FL

85 Zip Code

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 the filer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MENEZES, RODGER A.**
STREET ADDRESS **8817 SW 221ST ST.**
CITY-ST-ZIP **MIAMI FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

8150 SW 187 TERRACE

TITLE **D**
NAME **MENEZES, KRISTINA**
STREET ADDRESS **8817 SW 221ST ST.**
CITY-ST-ZIP **MIAMI FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

8150 SW 187 TERRACE

TITLE **D**
NAME **TAYLOR, JANNETTE**
STREET ADDRESS **155-04 145TH AVENUE**
CITY-ST-ZIP **JAMAICA NY**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

**KRISTINA
MENEZES**

Date

04-11-95

Daytime Phone #

592-9374