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 27 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V17906** **(1)**

1. Corporation Name
JET BOX CORPORATION

Principal Place of Business	Mailing Address
1855 NW 70TH AVE MIAMI FL 33126	1855 NW 70TH AVE MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 7500 N.W. 25th Street	26 7500 N.W. 25th Street
22 Suite, Apt. #, etc. Unit 13	27 Suite, Apt. #, etc. Unit 13
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33122 25 Country Dade	29 Zip 33122 30 Country Dade

4. FEI Number: 65-0315604 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALINDO, HERNAN 1855 NW 70TH AVE MIAMI FL 33126	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	GALINDO, HERNAN	12 NAME	
STREET ADDRESS	818 CATALONIA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RUEDA, EDUARDO	22 NAME	
STREET ADDRESS	2333 BRICKELL AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	AMAYA, JOSE A.	32 NAME	
STREET ADDRESS	10310 SW 139TH COURT	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	SOTO, LUIS J	42 NAME	
STREET ADDRESS	1440 SOUTH BAYSHORE DRIVE, APT. 806	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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 added by this report.

SIGNATURE: Luis J. Soto 4/24/95 DOR 599-3923
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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