

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:47

DOCUMENT # V32764 (5)

1. Corporation Name

CANNON CONTAINER FREIGHT STATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2882 N.W. 74 AVE. MIAMI FL 33122**
 Mailing Address: **PO BOX 52-2812 MIAMI FL 33152 US**

2. Principal Place of Business: **21 1900 N.W. 82 AVENUE**
 State Apt # etc: **22**
 City & State: **23 MIAMI, FLORIDA**
 Zip: **24 3126** Country: **25 US**

3. Date Incorporated or Qualified: **04/30/1992**
 3a. Date of Last Report: **02/16/1994**
 4. FEI Number: **65-0320618**
 5. Certificate of Status Desired: ☐ \$0.75 Additional Fee Required
 6. This corporation has liability for information tax under s. 190.032 Florida Statutes: ☐ Yes ☒ No
 7. This corporation has liability for information tax under s. 190.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
GARCIA, MARGARITA
2405 S.W. 131 CT.
MIAMI FL 33175

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Applicable):
 83. City:
 84. State: **FL** Zip Code:

11. Pursuant to the provisions of Sections 607.0407 and 607.1508, Florida Statutes, the above named corporation warrants 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 hereby waiving any and all the obligations of Section 607.0405, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Registered Agent for the Corporation) _____ (Signature of Registered Agent for the Corporation)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME	PSD GARCIA, MARGARITA 2882 N.W. 74 AVE. MIAMI FL	NAME	☒ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	1900 N.W. 82 AVENUE MIAMI, FL 33126
CITY & STATE		CITY & STATE	☒ Change ☐ Addition
NAME	VD GARCIA, AVELINO 2882 N.W. 74 AVE. MIAMI FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	1900 N.W. 82 AVENUE MIAMI, FL 33126
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(5)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall render 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 receive this report as required by Chapter 101, Florida Statutes, and that my name appears in Block 12 or Block 13 (as appropriate) as an attachment with this filing.

SIGNATURE: *U. Farquith Garcia*
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95 592-8685

CR2E034 (3/95)