## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V32764

(5)

CANNON CONTAINER FREIGHT STATION, INC.

Principal Place of Business Mailing Address
1900 NM.W. 82 AVENUE PO BOX 52-2912
MIAMI FL 33122 MIAMI FL 33152-2812

FILED Jun 16 1997 8:00am Secretary of State



1900 NM.W. 82 MIAMI FL 3312		PO BOX 52-2812 MIAMI FL 33152-2812				
US		US		3. Date tricorporated or Qualified 04/30/1992	3a. Date of Last Report 05/17/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1908	8 N.W. 82 AUE.	26		65-0329618	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 331	Country 26 USA	Zip 29 3	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Challed Invariantity Challet & O				181 Name CAMPS, MARGARITA		
	5 S.W. 131 CT.			ress (P.O. Box Number is Not Acceptable		
MIAMI FL 33175						
			83	1421 S.W. 155 Pl	ACE	
i			64 60	·		
44 5				41AM	FL    33183	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes of Florida, Such change was au	s, the above-named corp athorized by the corpora	poration submits this statement for the pullion's board of directors. I hereby accept	urpose of changing its 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	ANOTE Although the Another Street Street	Registered Agent signature requ	wad whos injustation	E)ATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PTSD	DELETE	1.1 TITLE		Change Addition	
NAME	CAMPS, MARGARITA		1.2 NAME		3	
STREET ADDRESS	5421 SW 155 PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 City-St-ZiP			
TITLE	VD	☐ DELETE	2 1 1111.1		☐ Change ☐ Addition C	
NAME	GARCIA, AVELINO		2.2 NAME			
STREET ADDRESS	1900 N.W. 82 AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 C/TY - ST - Z/P			
TITLE		☐ DELETE	3.1 TALE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C(1Y - S1 - 2(P		Change Addition	
NAME			, 4.1 TITLE		Change Addition	
			4.2 NAME			
STREET ADORESS CITY-ST-ZIP			4.3 \$TREET ADDRESS			
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		tund Process	5.2 NAME		C Ontargo C Madicali	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C(1) - \$1 - 2(P			
TITLE		DITELE	6.1 TillE	····	Change Addition	
NAME		_	6.2 NAME			
STREET ADDRESS	_		6.3 STREET ADDRESS			
CITY-ST-ZIP	$\wedge$		6.4 CITY - ST - ZIP			

4. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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.

CICNIATURE.

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