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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V32764** 

(5)

**FILED** Jan 28 1998 8:00am Secretary of State

CANNO	N CONTAINER FREIGHT S	STATION, INC.							
Principal Place of Business Mailing Address							1 18811 811888 11112 11811 1881 8111 8181 8181	1911 91911 91911 9191	II <b>V</b> IOII IDEI
1908 N.W 82 AVE. PO BOX 52-2812 MIAMI FL 33126 MIAMI FL 33152 US US							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
6 Delmain at Die	an of Ducines	2a. Mailing Address					04/30/1992 4. FEI Number		unlind For
Z. Principai Pia	2. Principal Place of Business 2a. Mailing Address 26						65-0329618	<del></del>	oplied For of Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 /	
22 27							5. Certificate of Status Desired	Fee Re	
City & State City & State							6. Election Campaign Financing	\$5.00	May Be
28							Trust Fund Contribution	Added t	
Zip	Country Zip C			intry			8. This corporation owes or has paid the	current year Int	angible
24	25 29 30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Registere	d Agent	
	MPS, MARGARITA			81	Name				
2405 O.W. 131 CT				82	Street	Addres	is (P.O. Box Number is Not Acceptable)		
5421 S.W. 155 PLACE				83					
MIA	MI FL 33185			03					
				84	City			<b>85</b> Zip (	Code
office or re agent. I an SIGNATURE	ogistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Florida.	authorize orida Stat	o by lutes	the corp	poration	ation submits this statement for the purpose i's board of directors. I hereby accept the a	ppointment as	ls registered registered
	Signature, typed or printed frame of registered ag		E Registere	d Age	nt signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		28 IN 12
12.	PISO				1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICE NO.	Change	Addition
NAME	CAMPS, MARGARITA								
STREET ADDRESS	5421 SW 155 PLACE			1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL			1.4 CITY - ST - ZIP					
TITLE	VD DELETE			2.1 TITLE				☐ Change	Addition
NAME	GARCIA, AVELINO		2.2 N	2.2 NAME					
STREET ADDRESS	1900 N.W. 82 AVENUE			2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL			ITY-S	ST - Z(P				
TITLE	☐ DELETE		3.1 TI	3.1 TITLE				☐ Change	Addition
NAME	3.2		3.2 N	AME					
STREET ADDRESS	3.3		3.3 5	TREET	ADDRESS				
CITY-ST-ZIP	3			ITY-S	ST - 2(P				-11.100
TITLE			4.1 Ti	4.1 TITLE				Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			(TY-5	1 - ZIP			Change	Addition	
TITLE		רין מנונונ	5.1 TITLE 5.2 NAME					CT Allande	LI ROUIION
NAME					Annorée				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			_	CITY-ST-ZIP TITLE		<del> </del>		Change	Addition
TITLE			6.2 N			}			
NAME etreet annress	•		1		ADDRESS				
				ITY-S					
CITY-ST-ZIP	The same of the sa	20 01 70 - 1	0.4 0	0	tion state	relia Ca	action 110 07(2Vi) Florida Statuton I further	postific that the	information

I 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 informatio indicated on this 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 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, of on an attachment with an address.

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