

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V33578** (8)

1. Corporation Name

FAIRWAY FREIGHT CONSOLIDATORS, INC.



Principal Place of Business

**7225 NW 25 STR
STE 303
MIAMI FL 33122
US**

Mailing Address

**7225 NW 25 STR
STE 303
MIAMI FL 33122
US**

2. Principal Place of Business

2a. Mailing Address

21 **9949 NW 89th Ave**

26 **SAME**

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22 **RAY # 15**

City & State

23 **NEOLEY, FL**

City & State

24 **33178** 25 **USA**

28 **Zip** 29 **Country** 30

9. Name and Address of Current Registered Agent

**MARTIN, ALICIA S.
11959 SW 268TH TER
HOMESTEAD FL 33032**

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0333186

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

10. Name and Address of New Registered Agent

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
SD	MARTIN, RENE A	11959 SW 268 TER	HOMESTEAD FL	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
DIRECTOR	ALICIA MARTIN	934 NW 156th Ave	POMERAKE PINES FL 33028	☐
DIRECTOR	MARTIN RENE	934 NW 156th Ave	POMERAKE PINES FL 33028	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE
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1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE

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)(a), 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:

Alicia Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-96 305884 4711
Date of Filing

CR2E034 (12/95)