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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000030669 (2)**

1. Corporation Name
~~KEVIN'S TRANSPORTATION, INC.~~
CALIMA TRANSPORT, INC.
01/98 PC

[redacted]

Principal Place of Business	Mailing Address
POST OFFICE BOX 960892 MIAMI FL 33296-0892	POST OFFICE BOX 960892 MIAMI FL 33296-0892

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1995

2. Principal Place of Business
21 P.O. BOX 960862
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33296 25 Country: USA

2a. Mailing Address
26 P.O. BOX 960862
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33296 30 Country: USA

4. FEI Number: 65-0574302 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PARDO, BETTY
6131 SW 129TH CT
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name: CARLOS E. BERMUDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 6131 SW 129th CT
83
84 City: Miami FL 85 Zip Code: 33193

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: X Carlos E. Bermudez 1/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERMUDEZ, CARLOS E 6770 SW 156 CT MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARDO, BETTY 6131 SW 129 CT MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100002420811 -02/04/98--01003--011 ***150.00	☐ Change ☐ Addition PE 2.3

CR2E034 (10/97)

14. 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 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: X Carlos E. Bermudez 1/26/98 (305)388-1787