

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 517233 (3)
 1. Corporation Name
TRANS - AMERICA FORWARDER, INC.



Principal Place of Business 8455 NW 74TH ST MIAMI FL 33166-2325 US	Mailing Address MIAMI FL 33166 P.O. BOX 522166, MIAMI, FL. ZIP:33152 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. BOX 522166
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 MIAMI - FL
24 Country	29 33166-2166
25	30 USA

3. Date Incorporated or Qualified 10/21/1976	
4. FEI Number 59-1701397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARCIA, MAEBY
7824 N.W. 87 ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name MAEBY GARCIA
82 Street Address (P.O. Box Number is Not Acceptable) 8455 N.W. 74 ST
83
84 City MIAMI
85 Zip Code FL 33166-2325

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 **MAEBY GARCIA, PRES** *Maebly Garcia* DATE **1/14/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MAEBY	1.2 NAME	
STREET ADDRESS	1745 WEST 72ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MELBA I.	2.2 NAME	
STREET ADDRESS	7923 W. 14 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Maebly Garcia* DATE: **1/14/98** (301) 592-6092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)