

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **620959** (7)

1. Corporation Name
ARIES FREIGHT CONSULTANT CORP.



Principal Place of Business: **9180 FONTAINEBLEAU BOULEVARD, #501 MIAMI FL 33172**
 Mailing Address: **9180 FONTAINEBLEAU BOULEVARD, #501 MIAMI FL 33172**

3. Date Incorporated or Quinred: **05/31/1979**
 3a. Date of Last Report: **04/07/1995**
 4. FET Number: **59-1910077**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MARTI, ENRIQUE F
9180 FONTAINEBLEAU BOULEVARD, #501
MIAMI FL 33172

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 007.0002 and 007.1508, 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 changes were authorized by the corporation's board of directors. I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 007.0002, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> DELETE
NAME	MARTI, MARIA	
STREET ADDRESS	9180 FONTAINEBLEAU BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTI, EHRIQUE F	
STREET ADDRESS	9180 FONTAINEBLEAU, BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 included on the accompanying or supplementary 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 president or trustee responsible to execute a report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed as indicated in Block 13.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 6 - 1996

CR2E034 (12/95)