

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

**FILED**

**Feb 08, 1999 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02-08-1999 90059 046 \*\*\*\*150.00

**DOCUMENT # 620959**

1. Corporation Name  
**ARIES FREIGHT CONSULTANT CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9180 FONTAINEBLEU BLVD. #501 MIAMI FL 33172 US  
Mailing Address: 9180 FONTAINEBLEU BLVD. #501 MIAMI FL 33172 US

3. Date Incorporated or Qualified: **05/31/1979**  
4. FEI 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (DELETE) fields for Title, Name, Street Address, City-ST-ZIP.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 fields for Title, Name, Street Address, 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, with all other like empowered.

**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/31/98**  
Date

Daytime Phone #

CR2E034 (11/98)