## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N36837

(5)

1. Corporation GLOBAI	L LOGISTICS ASSOCIATE	S, INC.						
Principal Place of Business Mailing Address							II 40 01 01011 01011 0101 010	H MINIT NIGHT HOUS
TERRABANK BUILDING SUITE 800. 3191 CORAL WAY MIAMI FL 33145 US		TERRABANK BUILDING SUITE 800. 3191 CORAL WAY MIAMI FL 33145 US				Date Incorporated or Qualified     02/26/1990	3a. Date of Las 05/01/	1995
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21		26				65-0202553	¢0.7	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	1 1	5 Additional Required
27					<del></del>	6. Election Campaign Financing	\$5.0	00 May Be
23 28						Trust Fund Contribution		ed to Fees
Zip Gountry		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				
25		29 30				Florida Statutes Yes X No		
	9. Name and Address of Curre	nt Registered Agent		04	A1-	10. Name and Address of New I	Registered Agent	
				81	Name			
oppenheim, steven P esq				82	Street A	fress (P.O. Box Number is Not Acceptable)		
TERRABANK BUILDING				63				
3191 CORAL WAY, SUITE 800								
MIAMI FI	L 33145			84	City		F1 85 Z	ip Code
or registere familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sei Signature, typed or printed name of registered age	rida. Such change was autho ction 617.0503, Florida Statut	rized by the les.	corpo	oration s i	rporation submits this statement for the puboard of directors. I hereby accept the apparent of the public statement of the pub	Irpose of changing its pointment as registered	registered office d agent. I am
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES 10 OF		
TITLE	PO DELETE		111	1 % THILE			Change	Addition
NAME	BURGHART, JAMES		1.2 N	1.2 NAME				
STREET ADDRESS	HEMISHPERE CENTER		1.3 5	1.3 STREET ADDRESS				
CITY-ST-ZIP	NEWARK NJ 07114			1.4 CITY - ST - ZIP			Change	Addition
TITLE				2 1 TITLE 2 2 NAME			□ ¢панде	Radition
NAME	ENBERG, DAVID	TED #4060	I		ADDRESS			
STREET ADDRESS	ONE EMBARCADERO CENT			CITY-S				
CITY-ST-ZIP TITLE	SAN FRANCISCO CA 9411	DELETE		CITLE	N - CII		Change	Addition
NAME	LIZEAGA, JOSEMA	_	321	NAME				
STREET ADDRESS	EDIFICIO CONSIGNATARAF	NOS. 4 0-PUERTO	338	STREET	ADDRESS			
CITY-ST-ZIP	PASAJES, SPAIN		3 4	CITY - S	ST-ZIP			
TITLE	<b>DST</b> DELETE		4.1	4.1 TITLE			Change	Addition
NAME	SPRADLING, PAT			NAME				
STREET ADDRESS	500 SANDAU, SUITE 400				ADDRESS			
CITY-ST-ZIP	SAN ANTONIO TX 78216	Pincere		CITY - S	T-ZIP		Change	e
TITLE	D	☐ DELETE		TITLE			[_] Gliangi	, , Addition
NAME	HAY, NEIL	OO TEOM MEATUROW		NAME etocet	ADDOCCC			
STREET ADDRESS	UNIT 5/G, BLDG 521, CAR	OU LEKM. MEAINKUW			ADORESS			
CITY-ST-ZIP TITLE	MIDDLESEX, ENGLAND  RIDELETE			5 4 CITY-ST-ZIP 6 1 TITLE		D	Chang	Addition
NAME	D HIII RDIAN	Morreit		NAME		Deploy Marty		
	HILL, BRIAN 175 WM F MCCLEH AN H	IIGHWAY			ADDRESS	Dooley, Marty		
CITY_CT 7ID	FAST ROSTON MA 02128	IIM IIIA	64	CiTY-S	ST - ZIP	850 Supreme Drive Bensenville IL 60  alify for the exemption stated in Section 11  source and that my signature shall have it	106	
14. I do heret	by certify that the information supplie	d with this filing is voluntarily t	furnished and	doe	s not qua	alify for the exemption stated in Section 11	9.07(3)(k), Florida Sta	tutes. I further
certify that		moration or the receiver or tru	stee empow			courate and that my signature shall have the this report as required by Chapter 617,		

SIGNATURE:

Light TI BURGHAT PRODENT

04/16/96

305-443-0200

CR2E037 (12/9)