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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000012350 (2)

1. Corporation Name  
ADVANCED LOGISTIC SYSTEMS, INC.

Principal Place of Business  
1211 EAST PINE AVENUE  
ORLANDO FL 32824

Mailing Address  
P O BOX 582717  
ORLANDO FL 32859-2717  
US

3. Date Incorporated or Qualified 02/10/1994	3a. Date of Last Report 04/03/1996
4. FEI Number 59-3222556	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent POOLE, WILLIAM (FRED) IV, PA 844 WEST COLONIAL DRIVE ORLANDO FL 32804	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DE	URRETA, AITOR	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	10298 WATER HYACINTH DRIVE		
	ORLANDO FL		
TITLE	NAME	2.1 TITLE	2.2 NAME
DE	KLEIN, DAVID L	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	2325 DOULTON DR		
	ORLANDO FL		
TITLE	NAME	3.1 TITLE	3.2 NAME
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	6.1 TITLE	6.2 NAME

14. I do 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 this 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 or Block 14 or on an attachment with an address.

SIGNATURE: Aitor Urreta 3/6/97 407857-0097  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)