

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90052 025 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P94000070580

1. Corporation Name
INTERNATIONAL FREIGHT SERVICES, INC.



Principal Place of Business	Mailing Address
5433 NW 72ND AVENUE MIAMI FL 33166	5433 NW 72ND AVENUE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/26/1994
4. FEI Number	65-0527583
5. Certificate of Status Desired	<input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 10125 NW 116th way	26 10125 NW 116th way.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22 Suite - # 18	27 Suite # 18
23 MIAMI FL	28 MIAMI FL
24 33178	29 33178
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

MOUTTET, MARGARET
 5433 NW 72ND AVENUE
 MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	MOUTTET, MARGARET
82 Street Address (P.O. Box Number is Not Acceptable)	10125 NW 116th way
83	SUITE # 18
84 City	MIAMI
85 Zip Code	FL 33178

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOUTTET, MARGARET	
STREET ADDRESS	5433 NW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOUTTET, PAUL	
STREET ADDRESS	5433 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOUTTET, MARGARET	
1.3 STREET ADDRESS	10125 NW 116th way SUITE #18	
1.4 CITY-ST-ZIP	MIAMI FL 33178	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOUTTET, PAUL	
2.3 STREET ADDRESS	10125 NW 116th way SUITE #18	
2.4 CITY-ST-ZIP	MIAMI FL 33178	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAMACHO, KIRK	
3.3 STREET ADDRESS	10125 NW 116th way SUITE 18	
3.4 CITY-ST-ZIP	MIAMI FL 33178	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: _____ Date: 1/5/98 Daytime Phone #: 305 863-9114

CR2E034 (11/98)