

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070580

1. Entity Name
INTERNATIONAL FREIGHT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -5 PM 3:38

AMENDED

Principal Place of Business Mailing Address
10125 NW 116th WAY STE 18 MIAMI FLORIDA 33178 US
10125 NW 116th WAY STE 18 MIAMI FLORIDA 33178

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

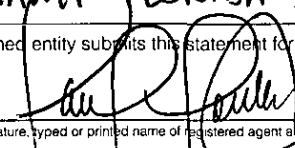
4. FEI Number **65-0527583**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MOUTTET, MARGARET
10125 NW 116th WAY STE # 18 MIAMI FLORIDA 33178

7. Name and Address of New Registered Agent
 Name **PAUL G. MOUTTET**
 Street Address (P.O. Box Number is Not Acceptable) **10125 NW 116th WAY STE # 18**
 City **MIAMI FL** Zip Code **33178**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

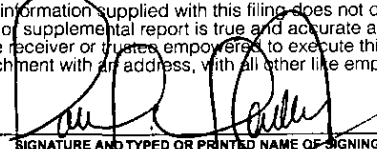
11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	MOUTTET, MARGARET	
STREET ADDRESS	10125 N.W. 116th WAY/STE 18	
CITY-ST-ZIP	MIAMI FLORIDA 33178	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	MOUTTET, PAUL	
STREET ADDRESS	10125 N.W. 116th WAY/STE 18	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	CAMACHO, KIRK	
STREET ADDRESS	10125 NW 116th WAY/STE 18	
CITY-ST-ZIP	MIAMI FLORID 33178	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUTTET, PAUL G.	
STREET ADDRESS	10125 NW 116th WAY/STE 18	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report of supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** Date **4/3/00** Daytime Phone # **305 863-9414**

CR2E034 (9/99)