Applied For Not Applicable

Zip Code

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90100 049 \*\*\*150.00

## **DOCUMENT #**

1. Corporation Name

BLANCO FORWARDERS, INC.							
Principal Place of Business Mailing Address					1841 galli 2211 a	B(61 1210 1144	1 (21/8 )(9/2 98/) (
7964 NW 14TH ST MIAMI FL 33126 US	7964 NW 14TH ST MIAMI FL 33126 US	MIAMI FL 33126		DO NOI	WRITE IN TE	HIS SPACE	<u> </u>
				<ol> <li>Date Incorporated or Qu 11/14/1994</li> </ol>	alifed		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21 1348 NW 78TH AVE	26 1348 NW	78	THAVE	65-0543309			Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗆	• -	<b>75</b> Additional ee Required
City & State	City & State			6. Election Campaign Final	ncing	\$5	.00_May.Be_
23 MIAMI , FZ,	28 M/AM/ /-			Trust Fund Contribution			ded to Fees
Zip Country 24 33/26 25 DADE	Zip Co	ountry 24	DE	This corporation owes the Personal Property Tax.	e current year	r Intangible XYes	
9. Name and Address of Current Registered Agent  81 Name KATES, LESTER G ESO GABLES INTERNATIONAL PLAZA STE 807 2655 LE JEUNE RD  82 Street			10. Name and Address of	New Register	ed Agent		
		82	Name Street Addre	ss (P.O. Box Number is Not A	cceptable)		
CORAL GABLES FL 33134		<del>     </del>				725	7:- 0-4-

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.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature requ	rired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DP DELETE	1.1 TITLE		Change	Addition	
NAME	BLANCO, EDUARDO	1.2 NAME				
STREET ADDRESS	7964 NW 14TH ST 1348 NW 78 AVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126 MIAMI, FL . 33/26	1.4 CITY-ST-ZIP	<u> </u>			
TITLE	DST. DELETE	2.1 TITLE		Change	☐ Addition }	
NAME	BLANCO, REBECA	2.2 NAME			2 54 1	
STREET ADDRESS	7964 NW 14TH ST 1348 NW 78 AVE	2.3 STREET ADDRESS			· ·	
CITY-ST-ZIP	MIAMI FL 33126 MIAMI, FL 33126	2.4 CITY-ST-ZIP			PTT 4 4 400	
TITLE	☐ OELETE	3.1 TITLE		Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			ı	
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS			1	
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	***	Change	Addition	
NAME		5.2 NAME			ĺ	
STREET ADDRESS		5.3 STREET ADDRESS			}	
CITY-ST-ZIP		5.4 CITY-\$T-ZIP	····			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME	·	6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS			l	
CITY-ST-ZIP	VC (1 - 4) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6.4 CITY-ST-ZIP	Section 110 07/3\(\( i \) Florida Statutes   further cor	u'f - Ale - A Ale · · ·	- Comption	

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 approach 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 reperverse trudete 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 adjacent with an address, with all other like empowered.

SIGNATURE: