

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000049646 (7)**  
 1. Corporation Name  
**LANZAS INTERNATIONAL FREIGHT FOWARDERS CORP.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2624 NW 112TH AVE<br/>MIAMI FL 33172</b> | Mailing Address<br><b>2624 NW 112TH AVE<br/>MIAMI FL 33172</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |                 |                        |                 |   |                                       |
|--|-----------------|------------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business   |                 | 2a. Mailing Address    |                 | 3. Date Incorporated or Qualified<br><b>06/05/1997</b>    |                                       |
| 21 Suite, Apt. #, etc.   | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number<br><b>65-07602783</b>                       | Applied For<br>Not Applicable         |
| 23 Zip   | 24 Country      | 28 Zip                 | 29 Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
| 9. Name and Address of Current Registered Agent<br><b>LAMORTE, MICHELANGELO<br/>2624 NW 112TH AVE<br/>MIAMI FL 33172</b> |                 |                        |                 | 10. Name and Address of New Registered Agent              |                                       |

|         |  |   |  |    |  |
|---------|--|---|--|----|--|
| 81 Name |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  | 83 |  |
| 84 City |  | 85 Zip Code   |  | FL |  |

11. Pursuant to the provisions of Section 607.0102 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: *[Signature]* DATE: **4/3/98**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALICANDU, ALBERTO</b>                            | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2624 NW 112TH AVE</b>                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>                               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CAMARILLO, NOREILYS</b>                          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2624 NW 112TH AVE</b>                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>                               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAMORTE, MICHELANGELO</b>                        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2624 NW 112TH AVE</b>                            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33172</b>                               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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.

SIGNATURE: *[Signature]* DATE: **4/2/98** (207) 592-6600

CR2E034 (10/97)