

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 024 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000013245
 Corporation Name

ENTERLINK LOGISTICS AND MANAGEMENT, INC.



| | |
|---|---|
| Principal Place of Business 2 SOUTHWEST 131ST STREET MIAMI FL 33186 | Mailing Address 13412 SOUTHWEST 131ST STREET MIAMI FL 33186 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/10/1998 | |
| 4. FEI Number | <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| LOPES, FATIMA G 8402 SOUTHWEST 162ND TERRACE MIAMI FL 33157 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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: _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| PD LOPES, FATIMA G 8402 SW 162ND TERRACE MIAMI FL 33157 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD LOPES, CAETANO R 8402 SW 162ND TERRACE MIAMI FL 33157 | <input type="checkbox"/> DELETE | 1.2 NAME | |
| | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.2 NAME | |
| | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.2 NAME | |
| | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.2 NAME | |
| | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.2 NAME | |
| | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.2 NAME | |
| | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |

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: _____ DATE: 8/30/99 DAYTIME PHONE #: 305-234-8005

CR2E034 (5/99)