

DOCUMENT # P98000046990

1. Entity Name

G.F.S. LOGISTICS CORP.

FILED
Apr 19, 2000 8:00 am
Secretary of State

01-20-2000 90108 038 ***150.00

Principal Place of Business Mailing Address

~~3575 NW 60TH STREET~~

~~MIAMI FL 33142~~

11919 S.W 130 ST
 MIAMI FL 33186

~~3575 NW 60TH STREET~~

~~MIAMI FL 33142-3036~~

← SAME



2. Principal Place of Business 3. Mailing Address

11919 S.W 130 ST

11919 S.W 130 ST

Suite, Apt. #, etc. UNIT 200

Suite, Apt. #, etc. UNIT 200

DO NOT WRITE IN THIS SPACE

65-0833439

City & State MIAMI FL MIAMI FL

4. FEI Number APPLIED FOR Applied For Not Applicable

Zip 33186 Country USA Zip 33186 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GONZALEZ MARY~~
~~15280 S.W. 153RD STREET~~
~~MIAMI FL 33187~~
 Coldie ESTEVEZ
 3290 N.W 4ST
 MIAMI FL
 33125

Name EDDIE ESTEVEZ
 Street Address (P.O. Box Number is Not Acceptable)
 3290 N.W 4ST
 City MIAMI FL Zip Code 33125

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]* DATE: 2/28/00
(Signature, typed or printed name of registered agent and title is 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. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, DAVID 15280 S.W. 153RD STREET MIAMI FL 33187 President <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY GONZALEZ 10380 S.W 153RD ST MIAMI FL 33187 Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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: *[Signature]* (MARY GONZALEZ) (305 635 8118)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CELE004 (9/99)