

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandia B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P32058** (0)

1. Corporation Name

**THYSSEN HANIEL LOGISTICS CUSTOMS BROKERS, INC.**



Principal Place of Business

**8010 ROSWELL ROAD  
STE 300  
ATLANTA GA 30350  
US**

Mailing Address

**8010 ROSWELL RD  
STE 300  
ATLANTA GA 30350  
US**

3. Date Incorporated or Qualified

**12/07/1990**

3a. Date of Last Report

**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSEPH, JEAN-CLAUDE  
7979-85 NW 21ST ST  
MIAMI FL 33122**

81 Name

**Joseph, Jean-Claude**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**4439 N.W. 97th Ave.**

84 City

**Miami**

**FL**

85 Zip Code

**33122**

11. Pursuant to the provisions of Sections 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 of person submitting this form (agent or officer of the corporation)*

*Signature of New Agent (if applicable)*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>P</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>LANDSEIDEL, PETER</b>    |                                 |
| STREET ADDRESS | <b>8010 ROSWELL RD #300</b> |                                 |
| CITY-STATE-ZIP | <b>ATLANTA GA</b>           |                                 |
| TITLE          | <b>VCFO</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>ZEITLER, ALBERT</b>      |                                 |
| STREET ADDRESS | <b>8010 ROSWELL RD #300</b> |                                 |
| CITY-STATE-ZIP | <b>ATLANTA GA</b>           |                                 |
| TITLE          | <b>ST</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>ZEITLER, ALBERT</b>      |                                 |
| STREET ADDRESS | <b>8010 ROSWELL RD</b>      |                                 |
| CITY-STATE-ZIP | <b>ATLANTA GA</b>           |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP |                                                                   |

**80000172878  
-03/26/96-01152--026  
\*\*\*286.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Albert Zeiler**

**1/16/96**

**770-353-4200**

DATE OF FILING

CR2E034 (12/95)