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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P32058

1. Corporation Name

THYSSEN HANIEL LOGISTICS CUSTOMS BROKERS, INC.

Principal Plac	e of Business	Mailing Address		I (001:001 :00 (1)(0 (:01) objec bitat ion one	Bight giblt grant aratt brutt tout
8010 ROSWELL ROAD 8010 ROSWELL RD					
STE 300 STE 300				DO NOT WRITE IN THIS SPACE	
ATLANTA GA 30350 ATLANTA GA 30350 US US			3. Date Incorporated or Qualifed		
US		03		12/07/1990	
2 Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
⊢ . '	tace of business	26		13-3071301	Not Applicable
		Suite, Apt, #, etc.			\$8.75 Additional
22 27		⊢		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 30		Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent	04 11 0	10. Name and Address of New Registered	Agent
epe	NCED STRADER		81 Name 3	sencer Strader.	
SPENCER STRADER 4430 NW 97TH AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33178			00		
MIMINI FL 331/6			83 1623	N.W. 84th Avenue	
			84 City	omi Fl	85 Zip Code
	······		Mú		
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 page tions of Section 607.0505, Florida Statutes.					
SIGNATURE	semen Kin	- CO	egistered Agent signature required	d when reinstating)	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANDSEIDEL, PETER		1.2 NAME		
STREET ADDRESS	ACAG DOOMELL DD #ACC		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZEITLER, ALBERT		2.2 NAME		
STREET ADDRESS	8010 ROSWELL RD #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2. 4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZEITLER, ALBERT		32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-ST-ZIP		Channe
TITLE	PRES	🔀 DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELSESSER GARY		4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA FL 30350		4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		□ Change □ Addition
NAME			5.2 NAME		
STREET ADDRESS	i		5.3 STREET ADDRESS		
CITY-ST-ZIP			CACITY OF TIP		
		□ nel ete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	8.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE			☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS