

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

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # 473862
 1. Corporation Name
CENTRAL FREIGHT FORWARDING, INC.

Principal Place of Business: 5459 N.W. 72 AVE, MIAMI, FL 33166
 Mailing Address: 5459 N.W. 72 AVE, MIAMI, FL. 33166-4223

FILED
 SO JUN 20 1999 9:26
 [Handwritten initials]

REINSTATEMENT 9899

3. Date Incorporated or Qualified: 04/09/1975

4. FEI Number: 59-1649001 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
ESTRADA, AIDA
 5459 N.W. 72ND AVE
 MIAMI, FL. 33166

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City **FL** 85 Zip Code

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 of 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 607.0605, Florida Statutes.

SIGNATURE: *Aida Estrada* DATE: 6-8-99

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHOMAT, TERESA	
STREET ADDRESS	10135 SW 14 CT.	
CITY, ST, ZIP	MIAMI, FL. 33176	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESTRADA, AIDA	
STREET ADDRESS	5459 N.W. 72ND AVE.	
CITY, ST, ZIP	MIAMI, FL. 33122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARIO TULIO GUTIERREZ	
STREET ADDRESS	801 S. BAY SHORE DRIVE BOX 8	
CITY, ST, ZIP	MIAMI, FL. 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUSTAVO V. LOPEZ	
STREET ADDRESS	7921 SW 40TH ST. STE 50	
CITY, ST, ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	400002940634--1
13 STREET ADDRESS	-07/23/99--01094--029
14 CITY, ST, ZIP	*****900.00 *****900.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	400002940634--1
23 STREET ADDRESS	-07/23/99--01094--030
24 CITY, ST, ZIP	*****8.75 *****8.75
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(f), 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: *Aida Estrada* DATE: 6-8-99 305/885-0252