


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90221 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 430327

1. Corporation Name  
**MARANTE FORWARDING CO., INC.**



Principal Place of Business: 2801 NW 74 AVE. STE #219, P.O. BOX 523953, MIAMI FL 33122, US

Mailing Address: 2801 NW 74 AVE. STE #219, P.O. BOX 523953, MIAMI FL 33122, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **4182 WEST 6TH AVE.**, Suite, Apt. #, etc. 22  
 City & State: 23 **HIALEAH, FL.**  
 Zip: 24 **33012** Country: 25 **U.S.A.**

2a. Mailing Address: 26 **PO BOX 523953**, Suite, Apt. #, etc. 27  
 City & State: 28 **MIAMI, FL.**  
 Zip: 29 **33152** Country: 30 **U.S.A.**

3. Date Incorporated or Qualified: **07/11/1973**

4. FEI Number: **59-1497862** 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

9. Name and Address of Current Registered Agent  
**MARANTE, HUMBERTO P**  
**2801 NW 74TH AVE**  
**STE 219**  
**MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name: **MARANTE, HUMBERTO P.**

82 Street Address (P.O. Box Number is Not Acceptable): **4182 WEST 6TH AVE.**

83

84 City: **HIALEAH** FL 85 Zip Code: **33012**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **HUMBERTO P. MARANTE, PRESIDENT** *Humberto Marante* DATE: **04/09/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARANTE, HUMBERTO P.</b>	
STREET ADDRESS	<b>4182 W. 6TH AVE.</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RAFAEL</b>	
STREET ADDRESS	<b>1800 NW 23 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARANTE, LIGIA</b>	
STREET ADDRESS	<b>4182 W. 6TH AVE.</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Humberto Marante* **HUMBERTO P. MARANTE** 04/09/99 827-2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)