

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

pg. 1 of 2

97 JUL 25 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>5459 N.W. 72 AVE. P.O. BOX 01-4936 MIAMI, FL 33101 MIAMI FL 33166</b>	Mailing Address <b>5459 N.W. 72 AVE. P.O. BOX 01-4936 MIAMI, FL 33101 MIAMI FL 33166</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>04/09/1975</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-1649001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ESTRADA, AIDA  
5459 N.W. 72 AVE.  
10.  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ESTRADA, TERESA</b>	
STREET ADDRESS	<b>5459 N.W. 72 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ESTRADA, AIDA</b>	
STREET ADDRESS	<b>5459 N.W. 72 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ESTRADA, AURELIO</b>	
STREET ADDRESS	<b>5459 N.W. 72 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</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

11 TITLE	VD, STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>CHOMAT, TERESA</b>	
13 STREET ADDRESS	<b>10135 SW 14 CT</b>	
14 CITY-ST-ZIP	<b>Miami, FL 33176</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>300002253723--4</b>	
24 CITY-ST-ZIP	<b>-07/31/97--01047--016</b>	
	<b>****165.00 ****165.00</b>	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>MARCO FULIO GUTIERREZ</b>	
33 STREET ADDRESS	<b>801 S. Bay Shore Drive- Box 8</b>	
34 CITY-ST-ZIP	<b>Miami, FL 33131.</b>	
41 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>GUSTAVO V. LOPEZ</b>	
43 STREET ADDRESS	<b>7921 SW 40th ST. STE 50</b>	
44 CITY-ST-ZIP	<b>Miami, FL 33155</b>	
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		

*G. Alvar*  
9/24/97

14. I do 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.

*AIDA ESTRADA*

CR2E034 (4/97)

---

*Ocean Freight Forwarders - Air cargo Agents*

5459 N.W. 72nd AVE / MIAMI, FLORIDA 33166  
CABLE CENTRALFOR—PHONE (305) 885-0252  
FAX: (305) 885-0713

July 18, 1997

Division of Corporation  
Annual Reports Section  
Tallahassee, Florida

Dear Sirs,

I am writing to you in reference to check # 6464 sent together with the renewal application form. As I explained to you over the phone, this check was sent back on February but it was never received by your company; apparently it got lost in the mail.

Enclosed is a copy of the original check for your records. I am also enclosing a new check for the same amount.

Thank you for your attention to this matter and we apologize for any inconvenience that this might have caused you.

Best regards,



Aida Estrada  
President