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

,PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 640056

**/0**\

FILED 97 HAT 19 PH 1:44

1. Corporation Name GOLDEN EAGLE INTERNATIONAL FORWARDING, INC.  Principal Place of Business Mailing Address 11700 N.W. 100TH RD. SUITE 4 MEDLEY FL 33178 MEDLEY FL 33178-1033				SECRET ARY OF FLORIDA  AHASSEE, FLORIDA  3. Date Incorporated or Qualified  3a. Date of Last Report	
2. Principa' f	Place of Business	2a, Mailing Address		09/13/1979 4. FEI Number	06/17/1996 Applied For
21		26		59-1953549	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	(6)	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Gountry	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30		☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
927 MEI	LDFARB, GARY 70 N.W. 100TH ST. DLEY FL 33178	02 and 607 1508 Florida Stabili	84 C;	TALLAHASSEE	FL 85 Zip Code 32301
office or agent. La SIGNATURE 12.	registered agent, or both, in the State am familiar with, and accept the oblig  States we typed or in the rame of impostmed ap  OFFICERS AN	e of Horida. Such change was a pations of Section 607.0505, Floring in the dispension of the Directors.	authorized by the corporida Statutes.  Registered Agent algorature in	oration's board of directors. I hereby acce	po the appointment as registered  5 / 9 / 9 / 7  EATE  CERS AND DIRECTORS IN 12
NAME STREET ADORESS OUT- ST. ZIP	PDC WESTON, PATRICK H 120 STANDIFER DR. HUMBLE TX	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	5000021 -05/19/ ****18	Change
TIFLE	SD	☐ DELETE	2.1 TITLE		Change Addition
NAME:	NODORFT, DONALD		2.2 NAME		
STREET ADDRESS	120 STANDIFER DR.		2.3 STREET ADDRESS		
CHY ST-75	HUMBLE TX	DELETE	2.4 CITY-ST-ZiP		Change Addition
TITUT NAME		F"I DETCIC	3.1 TITLE 3.2 NAME		. The supplies (The supplies
STREET ADDRESS			3.3 STREET ADDRESS		
City S1-70			34. CITY-ST-ZIP		
1:TLF		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STECCT ADDRESS			4.3 STREET ADDRESS		
CHT-ST ZIP			4.4 CITY - ST - ZIP		
11"LE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY - S1 - ZiP TiT(F		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		the process	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		185-19-97
City-St-Zi-			64 CITY-ST-ZIP	<i>t</i>	300/14-97

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 angual) eport 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 consortation 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 changes. If my agrattachment with an address.

SIGNATURE: