OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. WOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT

CONCORD INTERNATIONAL FORWARDERS, INC.

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90008 006 ***550.00



011001		ioerio, iito			
ipal Place	e of Business	Mailing Address		i rasira arrii arliat itati (dasa titati it	le Bins aint dinis uine dinis hinis sunt
NW 84TH AVE 5505 NW 84TH AVE				•	
FL 33166 MIAMI FL 33166					
				DO NOT WRITE I	N THIS SPACE
	•			3. Date Incorporated or Qualified	
	A MARIE M.C. NATE OF	1		10/15/1979	
rincipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
26		····	59-1944357	Not Applicable	
ulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27 City & State					
ity & State City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
in	Country	28	Country	Trust Fund Contribution	
ip	25	29	30	This corporation owes the current Intangible Personal Property.	Yes No
	9. Name and Address of Current			10. Name and Address of New Regi	
	3. Name and Address or Current	Nogistered Agent	81 Name	10, Hallo and Addition Hog	310.00 1.30
PERN	IANDEZ, FERMIN J.			DUARDO LEON	
814 PONCE DE LEON BLVD, SUITE 308 DELETE				ress (P.O. Box Number is Not Acceptable)
	AL GABLES FL 33134		83	505 N.W. 84th AVE.	
	L L /		"	· ·	
	' '	١	84 City		85 Zip Code
			MI,		FL 33166
Pursuant office or	to the provisions of sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statu If Florida, Such change was	ites, the above-named corporate	pration submits this statement for the purpo ion's board of directors. I hereby accept th	se of changing its registered e appointment as registered
agent. I	am familiar with, and accept the obligat	ions of, section 607.0505, F	Florida Statutes.		
ATURE.	Luardo	/ end	EDUARDO LEO		7-5-1999
	Signature, typed or printed name of registered are		NOTE: Registered Agent signature rec		DATE
-	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
ì		DELETE			Change Addition
	FERNANDEZ, OLGA		1.2 NAME		.1
ADDRESS	5505 NW 84TH AVE		1.3 STREET ADDRESS		
T-ZIP	MIAMI FL	r—4	1.4 CITY-ST-ZiP		
	VT ,	L DELETE	2.1 TITLE		Change Addition
	LEON, EDUARDO		2.2 NAME		
FADDRESS_	5505 NW 84TH AVE		2.3 STREET ADDRESS		· 1
T-ZIP	MIAMI FL		ZA CITY-ST-ZIP	<u> </u>	
		DELETE	3.1 TITLE		Change L Addition
ł			3.2 NAME		İ
TADDRESS			3.3 STREET ADDRESS		
T-Z\P			3.4 CITY-ST-ZIP		
}		DELETE	4.1 TITLE		Change Addition
ļ			4.2 NAME		}
TADDRESS		•	4.3 STREET ADDRESS		
T-ZIP			4.4 CITY-ST-ZIP		}
		DELETE	5.1 TITLE		Change Addition
			5.2 NAME		
TADDRESS			5.3 STREET ADDRESS		
T-ZIP			5.4 CITY-ST-ZIP		
	•	DELETE	6.1 TITLE		Change Addition
	<u>-</u>		6.2 NAME		
T ADDRESS			6.3 STREET ADDRESS		
T-ZIP			6.4 CITY-ST-ZIP		
hereby ce	artify that the information supplied with t	his filing does not qualify for	the exemption stated in sec	tion 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.

GNATURE: X