

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844660 (1)
 1. Corporation Name
RYDER INTEGRATED LOGISTICS, INC.



Principal Place of Business 3600 N.W. 82 AVENUE MIAMI FL 33166	Mailing Address 3600 N.W. 82 AVENUE MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1979	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1506958	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERRON, JAMES M. 3600 N.W. 82 AVENUE MIAMI FL 33166				81 Name VICKI A. O'MEARA	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 3600 N.W. 82ND AVENUE	
				84 City MIAMI, FL 85 Zip Code 33166	

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 *Vicki O'Meara* **VICKI A. O'MEARA, EXECUTIVE V.P. & ASST. SEC.** DATE **2/5/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, M ANTHONY	1.2 NAME	
STREET ADDRESS	3600 NW 82ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, JOSHUA	2.2 NAME	
STREET ADDRESS	3600 NW 82 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, EDWIN A.	3.2 NAME	
STREET ADDRESS	3600 N W 82ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JOAQUIN A.	4.2 NAME	
STREET ADDRESS	3600 NW 82 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JOHN F	5.2 NAME	VT
STREET ADDRESS	3600 NW 82 AVE	5.3 STREET ADDRESS	GLYNIS A. BRYAN
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	3600 N.W. 82ND AVENUE
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEIGENBAUM, LILLIAN	6.2 NAME	AT
STREET ADDRESS	3600 NW 82ND AVE	6.3 STREET ADDRESS	GAIL D. PERRON
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	3600 N.W. 82ND AVENUE

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 a 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.

SIGNATURE: *Joaquin A. Alonso* **JOAQUIN A. ALONSO, ASST. TREASURER** DATE **2/5/98**

CR2E034 (10/97)