

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **855889** (2)

1. Corporation Name  
**PANALPINA (FLORIDA), INC.**



Principal Place of Business: **THE HARBORSIDE FINANCIAL CENTER PLAZA 2, 34 EXCHANGE PLACE JERSEY CITY NJ 07302**  
Mailing Address: **THE HARBORSIDE FINANCIAL CENTER PLAZA 2, 34 EXCHANGE PLACE JERSEY CITY NJ 07302**

3. Date Incorporated or Qualified: **03/24/1983**  
3a. Date of Last Report: **01/23/1995**

|    |                                |    |                     |    |   |  |
|----|--------------------------------|----|---------------------|----|---|--|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FBI Number  | Applied For  |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | <b>13-5349950</b>                                   | Not Applicable   |
| 22 | 23                             | 27 | 28                  | 5. | Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required  |
|    | City & State                   |    | City & State        |    |   | <input type="checkbox"/> \$5.00 May Be Added to Fees   |
| 24 | 25                             | 29 | 30                  | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees   |
|    | Zip Country                    |    | Zip Country         |    |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROLAND ZACH C/O PANALPINA (FL) INC  
2100 NW 84TH AVE  
MIAMI FL 33122**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

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 |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | EVD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLATTNER, EDWARD W                  | 1.2 NAME  |   |
| STREET ADDRESS             | 1530 N.KEY BLVD.                    | 1.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | ROSSLYN VA                          | 1.4 CITY- ST- ZIP                                     |   |
| TITLE                      | PD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALTORFER, ROLF                      | 2.2 NAME  |   |
| STREET ADDRESS             | 21 DOGWOOD DRIVE                    | 2.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | BROOKSIDE NJ                        | 2.4 CITY- ST- ZIP                                     |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FISCHER, GERARD                     | 3.2 NAME  |   |
| STREET ADDRESS             | 25 HUEBWEG                          | 3.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | BINNINGEN, SWITZERLA                | 3.4 CITY- ST- ZIP                                     |   |
| TITLE                      | VD <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GLASSER, FREDERICK                  | 4.2 NAME  |   |
| STREET ADDRESS             | 25 STERLING PLACE                   | 4.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | MALVERNE NY                         | 4.4 CITY- ST- ZIP                                     |   |
| TITLE                      | ST <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZURCHER, WALTER                     | 5.2 NAME  |   |
| STREET ADDRESS             | 17 BRIAR HILL ROAD                  | 5.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              | HOLMDEL NJ                          | 5.4 CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                     | 6.4 CITY- ST- ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Rolf Altorfer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996

Date Daytime Phone #

(201)451-4000

CR2E034 (12/95)