

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90185 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855889

1. Corporation Name
PANALPINA (FLORIDA), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1776 ON-THE-GREEN 67 PARK PLACE MORRISTOWN NJ 07960-7103 US	Mailing Address 1776 ON-THE-GREEN 67 PARK PLACE MORRISTOWN NJ 07960-7103 US
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3. Date Incorporated or Qualified 03/24/1983	
4. FEI Number 13-5349950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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	EVD	<input type="checkbox"/> DELETE
NAME	BLATTNER, EDWARD W	
STREET ADDRESS	1530 N.KEY BLVD.	
CITY-ST-ZIP	ROSSLYN VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALTORFER, ROLF	
STREET ADDRESS	21-DOGWOOD DRIVE	
CITY-ST-ZIP	BROOKSIDE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHER, GERARD	
STREET ADDRESS	25 HUEBWEG	
CITY-ST-ZIP	BINNINGEN, SWITZERLA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLASSER, FREDERICK	
STREET ADDRESS	25 STERLING PLACE	
CITY-ST-ZIP	MALVERNE NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ZURCHER, WALTER	
STREET ADDRESS	1776 ON-THE-GREEN, 67 PARK PLACE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: ROLF ALTORFER, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date Daytime Phone #

CR2E034 (11/98)