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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90144 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F19176

1. Corporation Name

INTER-MARITIME FORWARDING COMPANY FLORIDA, INC.



Principal Place of Business	Mailing Address
2601 N.W. 104TH COURT 11200 N.W. 25 ST	2601 N.W. 104TH COURT 11200 N.W. 25 ST
2601 NW 104 CT	2601 NW 104 CT
MIAMI FL 33172	MIAMI FL 33172
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1981

4. FEI Number

59-2068448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11200 N.W. 25TH ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA

Zip

24 33172

Country

25 U.S.

2a. Mailing Address

26 11200 N.W. 25TH ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA

Zip

29 33172

Country

30 U.S.

9. Name and Address of Current Registered Agent

VAZQUEZ, MARCELINO
2601 NW 104 CT
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11200 N.W. 25TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE

NAME **MANN, ROBERT B.**
STREET ADDRESS **45 EAST END AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **P** ☐ DELETE

NAME **MANN, HOWARD B.**
STREET ADDRESS **55 EAST END AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☒ DELETE

NAME **MANN, HOWARD**
STREET ADDRESS **156 WILLIAM ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE **ST** ☐ DELETE

NAME **FRIEDLANDER, ERIC A**
STREET ADDRESS **124 S. GLENWOOD ROAD**
CITY-ST-ZIP **FAMWOOD NJ**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)