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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

LARMEX INTERNATIONAL FREIGHT FORWARDERS, INC.

## **FILED** May 08 1998 8:00am Secretary of State



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Principal Place	of Business	Mailing Address			A INDI BURK BIRN BIRN BIRN BI	III WIBIA HOOL
8338 N.W. 561 MIAMI FL 3310		8338 N.W. 56TH STREET MIAMI FL 33166	•			
MINMI CL 331	••	MINMI IL 33100		DO NOT WRI	TE IN THIS SPACE	
				3. Date Incorporated or Qualified	d	
				02/17/1981		
	ace of Business	2a. Mailing Address	^ C	4. FEI Number	A	oplied For
21 40/1			AGLER, ST.	59-2073650		ot Applicable
Suite, Apt. 6 22 505		Suite, Apt. #, etc. 27 <b>505</b>	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	1 ( , -	Additional equired
City & State		City & State	-	Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year In	tangible
24 23/34	25	29 33/34	30	Personal Property Tax due Jui		□ No
	9. Name and Address of Cu	urrent Registered Agent		10. Name and Address of New	Registered Agent	
	MADA, JORGE L.		81 Name	JORGE L. HRMAN	14	
	is <b>S</b> wj 15th street		82 Street Ad	dress (P.O. Box Number is Not Accept	table)	
MIA	MI FL 33145		<u> </u>	3585 S.W. 15 .	SIREUT	
			83			
	_		84 City //	<i>1</i> -	85 Zip	Code
			1 1 1///	(IAM)	FL  °   33	145
	ogistered a fent or both, in the son familia with, and according	0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flor		ration's board of directors. I hereby acc	cept the appointment as	registerea
office or re agent. I an SIGNATURE	gistered a feni for both, in the on familiar with, and according to the o	- DORGE C. HRMI			DATE	registered
	Injure, typed or printed name of registers	ed agent and talled applicable (NOTI	AOA E. Registured Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
SIGNATURE	or and the typed or printed name of register OFFICE RS	ed agent and tale if applicable (NOTI	A O A E. Registered Agent signature rec 13. 1.1 TITLE	quilad when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
SIGNATURE	OFFICE RS  V MEJIAS, LORENZO	ed agent and talled applicable (NOTI	E Hogistored Agent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOF Change	RS IN 1/2
SIGNATURE 12. TITLE	or and the typed or printed name of register OFFICE RS	ed agent and talled applicable (NOTI	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quied when reinstating)  ADDITIONS/CHANGES TO OFF  ADDITIONS/CHANGES T	DATE FICERS AND DIRECTOF Change	RS IN 1/2
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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.