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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90123 030 ***150.00

DOCUMENT # **F43426**

1. Corporation Name
ADMIRAL INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
1165 W22ND ST HIALEAH FL 33010 US	1165 WEST 22ND ST HIALEAH FL 33010 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21 840 WEST 19th STREET	26 840 WEST 19th STREET	08/26/1981	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22	27	59-2206267	
City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23 HIALEAH, FL	28 HIALEAH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No
24 33010 25 DADE	29 33010 30 DADE		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALVAREZ, IBIS 1165 WEST 22ND ST HIALEAH FL 33010	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 840 WEST 19th STREET 83 84 City HIALEAH **FL** 85 Zip Code 33010

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, IBIS		1.2 NAME		
STREET ADDRESS	1165 WEST 22ND ST		1.3 STREET ADDRESS	840 WEST 19th STREET	
CITY-ST-ZIP	HIEALEAH FL		1.4 CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	ST	☐ DELETE	2.1 TITLE:		☐ Change ☐ Addition
NAME	ALVAREZ, LUIS A		2.2 NAME		
STREET ADDRESS	1165 WEST 22ND ST		2.3 STREET ADDRESS	840 WEST 19th STREET	
CITY-ST-ZIP	HIEALEHA FL		2.4 CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 3/10/99 305-885-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)