

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90007 026 ***150.00

DOCUMENT # F96000005857

1. Corporation Name

SHOW LOGISTICS INTERNATIONAL, INC.

Principal Place of Business

10500 NW 50TH STREET, STE 201
SUNRISE FL 33351

Mailing Address

10500 NW 50TH STREET, STE 201
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

11-3281451

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

2a. Mailing Address

21 10494 NW 50 St

26 10494 NW 50 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sunrise FL

28 Sunrise FL

Zip

Country

Zip

Country

24 33351

25

USA

29 33351

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNOZ, THERESA

10500 NW 50TH STREET, STE 201
SUNRISE FL 33351

81

Name El-Hila, Riadh

82

Street 10494 NW 50 St.

83

84

City Sunrise

FL

85 Zip Code

33351

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 607.0605, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME EL-HILA, RIADH
STREET ADDRESS 10500 NW 50 ST, STE 201
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 10494 NW 50 St.
1.4 CITY-ST-ZIP Sunrise FL 33351

TITLE ST ☒ DELETE

NAME MUNOZ, THERESA
STREET ADDRESS 10500 NW 50 ST, STE 201
CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D Cabrera, Jaime A.
3.3 STREET ADDRESS 10494 NW 50 St.
3.4 CITY-ST-ZIP Sunrise FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S Muñoz, Maxima J
4.3 STREET ADDRESS 10494 NW 50 St.
4.4 CITY-ST-ZIP Sunrise FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 #

Riadh el-Hila, Pres. 1-999 954 746-2999

CR2E034 (11/98)

0313018