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

**FILED** Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)G23545 GROUNDHANDLING, USA, INC. Principal Place of Business Mailing Address 12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE #600 N. MIAMI FL 33181 STE #600 DO NOT WRITE IN THIS SPACE N. MIAMI FL 33181 3. Date Incorporated or Qualified 02/11/1983 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2338128 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FLORIDA CORPORATE SERVICES, INC. 798 BRICKELL PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) **59 SE 8TH STREET** 83 **MIAMI FL 33131** 84 City 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 INOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Addition Change TITLE 1.1 TITLE VAN BERKEL, MARIA CATH. 1.2 NAME NAME 7928 WEST DRIVE, STE 701 1.3 STREET ADDRESS STREET ADDRESS N BAY VILLAGE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TELLIO 🗌 Addition Change TITLE 2.1 TITLE **VAN BERKEL, PETER** 2.2 NAME NAME 7928 WEST DRIVE #901 2.3 STREET ADDRESS STREET ADDRESS N. BAY VILLAGE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 City-St-ZiP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information initial report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

DELETE

Change

305 866 550

Addition

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

14. Thereby certify that the information sub-indicated on this annual export or supplie officer or director of the comparation or Block 12 or Block 13 if changed or on

CITY-ST-ZIP

NAME