PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90022 030 \*\*\*150.00

DOCUMENT # <b>G23545</b> 1. Corporation Name  GROUNDHANDLING, USA, INC.						
Principal Place of Business Mailing Address				·		.
2000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. STE #600 STE #600						
N. MIAMI FL 33181 N. MIAMI FL 33181						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 02/11/1983
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
11	26					59-2338128 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
3						Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
4	25	29	30	<u> </u>		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			r:.	10. Name and Address of New Registered Agent
-				81	Name	
FLORIDA CORPORATE SERVICES, INC.				82 Street Address (P.O. Box Number is Not Acceptable)		
798 BRICKELL PLAZA						
59 SE 8TH STREET			83			
MIAMI FL 33131			84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida, Such change	• was a⊔tho	orizea DV	the corbo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Reg	istered Agen	nt signature r	equired when reinstating) DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC	☐ DELI	ETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN BERKEL, MARIA CATH.		1.2 NAME			
STREET ADDRESS	TORR MERCY DONE OF TOA		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE FL			14 CITY-S	T-ZIP	
TITLE	PD	☐ DEL	ETE	2.1 TITLE	-	☐ Change ☐ Addition
NAME	VAN BERKEL, PETER			2.2 NAME		

7928 WEST DRIVE #901 2.3 STREET ADDRESS STREET ADDRESS N. BAY VILLAGE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not flualify 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 fuel 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: \_\_

IGNATURE AND TYPED OR PRINT

M OF SIGNING OFFICER OR DIRECTOR

2/15/91

(305)893 (506) Baytime Phone # EU34 (11/98)