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May 01 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J03882 (4)

1. Corporation Name
HALLMARK INTERMODAL, INC.

Principal Place of Business	Mailing Address
% HOWARD W. GORDON 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134	% HOWARD W. GORDON 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1986
3a. Date of Last Report: 4/27/96
4. FEI Number: 59-2693291
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00
7. This corporation has assets for intangible tax under Florida Statutes: Yes / No

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 25

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 30

9. Name and Address of Current Registered Agent

GORDON, HOWARD W.
201 ALHAMBRA CIRCLE
8TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1[illegible] 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all laws applicable to the performance of such duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	☐ Change ☐ Add
NAME	MAROUEZ, JOSEPH	2. NAME	
STREET ADDRESS	734 CAMINO LAKES CIR	3. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4. CITY-ST-ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Add
NAME	MIZNER, DINA	22. NAME	
STREET ADDRESS	734 CAMINO LAKES CR.	23. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	☐ Change ☐ Add
NAME	GIANNOBILE, JANICE	32. NAME	
STREET ADDRESS	5120 SW 196 LANE	33. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34. CITY-ST-ZIP	
TITLE	D	41. TITLE	☐ Change ☐ Add
NAME	ARNEL, BARBARA	42. NAME	
STREET ADDRESS	4332 SW 6TH ST.	43. STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	44. CITY-ST-ZIP	
TITLE		51. TITLE	☐ Change ☐ Add
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Add
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: