


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

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AND  
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1997 JUL 31 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J14323  
1. Corporation Name

GLOBAL FREIGHT SERVICES, INC.

Principal Place of Business Mailing Address

8803 N.W. 23rd ST. MIAMI, FLORIDA 33172 8803 N.W. 23rd. ST. MIAMI, FLORIDA 33172

3. Date Incorporated or Qualified 05/12/1986 3a. Date of Last Report 03/19/96

2. Principal Place of Business 21 8803 N.W. 23rd. ST. 2a. Mailing Address 26 8803 N.W. 23rd, ST.

4. FEI Number 59-2677051 Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23 MIAMI, FLORIDA 27 MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country 24 33172 USA 25 29 33172 USA 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

RUBIO, RICARDO  
11970 S.W. 92 LN.  
MIAMI, FLORIDA 33186

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBIO, RICARDO	
STREET ADDRESS	8803 N.W. 23rd ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBIO, TAMARA	
STREET ADDRESS	8803 N.W. 23rd. ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002257674-4
2.3 STREET ADDRESS	-08/05/97--01024--013
2.4 CITY-ST-ZIP	****825.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ 7/22/97 (305) 593-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)