

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90088 014 ***150.00

DOCUMENT # K51264

1. Corporation Name

INTERNATIONAL FORWARDING SERVICES, INC.

Principal Place of Business

6701 NW 84 AVE
MIAMI FL 33166
US

Mailing Address

P O BOX 526548
MIAMI FL 3315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1988

4. FEI Number

65-0087349

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

21 6521 NW 87 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33178

Country

25 MIAMI-DADE

2a. Mailing Address

26 P.O. BOX 526548

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33152

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

MONTESANO, RAMON
6701 NW 84 AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)
6521 NW 87 AVE

83

84 City MIAMI

FL

85 Zip Code 33178

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 *Ramon Montesano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPDS
NAME MONTESANO, RAMON
STREET ADDRESS 6701 NW 84 AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

04/15/99

Date

305 4776797

Daytime Phone #

CR2E034 (1/98)