


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

FILED
Jan 15 1998 8:00am
Secretary of State

| | | | | | |
|---|-----------------------------|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L47827 (5) 1. Corporation Name ROAD & TRACK LOGISTICS, INC. | | | | | |
| Principal Place of Business 2920 SOUTHWEST 115TH AVENUE MIAMI FL 33165 US | | | Mailing Address POST OFFICE BOX 651340 MIAMI FL 33265 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/30/1990 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0174609 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent AUSTIN, RICHARD B. 8390 N.W. 53RD STREET SUITE 300 MIAMI FL 33166 | | | | 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | DEAL, WILLIAM H. | | | | |
| STREET ADDRESS | 2920 SOUTHWEST 115TH AVENUE | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | |
| TITLE | ST | <input type="checkbox"/> DELETE | | | |
| NAME | DEAL, CHRISTINE A | | | | |
| STREET ADDRESS | 2920 SOUTHWEST 115TH AVENUE | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | | |
| NAME | DEAL, KATHLEEN A | | | | |
| STREET ADDRESS | 2920 SW 115 AVE | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | |
| 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 | | | | | |

SIGNATURE: _____

[Signature] **FILED**

1-2-98 305-JJ-2370

CR2E034 (10/97)