FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M35290

(9)

ATLAN	TIC INTERNATIONAL FREIGI	HT FORWARDERS, IN	IC.		
Principal Place of Business 6541 NW 87TH AVENUE MIAMI FL 33166		Mailing Address POST OFFICE BOX 522	477		
		MIAMI FL 33152-2477 US		Date Incorporated or Qualified	
US		UŞ		3. Date incorporated or Qualified	04/20/1995
				07/16/1986 4. FEI Number	Applied For
\neg	ace of Business	2a. Mailing Address		59-2693108	Not Applicable
1 21 Suite Apt #, etc.		Suite. Apt #, etc.			\$8.75 Additional
2011e, Apr	π, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to rees
Zıp	Country	Ζιρ	Country	This corporation has liability for Florida Statutes	intangible tax under si 199.032, : ☐ No
4	[25]	29	30	10. Name and Address of New F	
	g. Name and Address of Current	Registered Agent	81 Name	10. 13	
				dress (P.O. Box Number is Not Acceptal	(alc)
MARMOLEJOS, RAFAEL A.			82 Street Ad	dress (F.O. Box Number is Not Accopian	
2563 W. 60TH PL HIALEAH FL 33016			83		
HIALEA	IN PL 33016		84 City		85 Zip Code
				poration submits this statement for the pupper of directors. Thereby accept the app	FL T
familiar w	Signative Typed or printed more of restrictions laboral.	and blood application (Nat)	TE Reported Agents questioner	oration submits this state-flerit for the po band of directors. I hereby accept the app	DATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	,	13.	ADDITIONS/CHANGES TO OF	Change Addition
TITLE	P	☐ DEFEIE	1.2 NAME		
NAME	MARMOLEJOS, RAFAEL A.		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 City - St. 7iP		
CITY-ST-ZIP TITLE	HIALEAH FL	DELETE	2 1 DILF		Change Addition
NAME	VD Marmolejos, Norma (L ud	2.2 NAME		
STREET ADORESS	111 AATH BU LOT		2.3 STREET ADUMESS		
CITY - ST - ZIP	HIALEAH FL		2.4 Cily SI-Zif		The state of the s
TITLE	VD	☐ DELETE	3 : UTLF		Change 🗀 Addition
NAME	FIDUEROA, PASTOR		3.2 NAME		
STREET ADDRESS	19610 SW 115 AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	ES DU EIG	3.4 C([Y+S]-Z)F		Change Addition
TITLE	TD	DILETE	4 1 1/14F		
NAME	MARMOLEJOS, ELSIE DEL P		4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS 44 City St 76		
CITY - ST - ZIP	HIALEAH FL	□ DELETE	5 1 TillE		Change Addition
TITLE	SD SEPERICO A		5.2 NAME		
NAME	MARMOLEJOS, FEDERICO A	1	5.3 STREET A JORESS		
STREET ADDRESS			5.4 City - ST - ZiP		
CITY-ST-ZIP TITLE	HIALEAH FL	DELETE	€ 1 TILLE		Change Addition
NAME	D MARMOLEJOS, RAFAEL A	Ļ	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	HIALEAH FL		6.4 PHV . \$1, 712		
CiTY-ST-ZIP		. St. Has files in a hydrody for	oiched and noes not qual	fy for the exemption stated in Section 11	19.07(3)(k), Florida Statutes. I further

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)(b). Florida Statutes. 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 it made under oath; that I am an officer or dies for 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 orders.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR