


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

FILED  
Mar 30 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 # M35290 (9) 1. Corporation Name ATLANTIC INTERNATIONAL FREIGHT FORWARDERS, INC.					
Principal Place of Business 6541 NW 87TH AVENUE MIAMI FL 33168 US			Mailing Address POST OFFICE BOX 522477 MIAMI FL 33152-2477 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2693108	
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		30	
9. Name and Address of Current Registered Agent MARMOLEJOS, RAFAEL A. 2563 W. 60TH PL HIALEAH FL 33016			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMOLEJOS, RAFAEL A.		1.2 NAME		
STREET ADDRESS	2563 W. 60TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMOLEJOS, NORMA I		2.2 NAME		
STREET ADDRESS	2563 W 60TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIDUEROA, PASTOR		3.2 NAME		
STREET ADDRESS	19610 SW 115 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMOLEJOS, ELSIE DEL P		4.2 NAME		
STREET ADDRESS	2563 W 60TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMOLEJOS, FEDERICO A		5.2 NAME		
STREET ADDRESS	2563 W 60TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARMOLEJOS, RAFAEL A		6.2 NAME		
STREET ADDRESS	2563 W 60TH PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		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.

SIGNATURE:  MARCH 30, 1998 305-477-7900

CP2E034 (10/97)