

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
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90052 017 ***150.00

DOCUMENT # M35290

1. Corporation Name

ATLANTIC INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business

6541 NW 87TH AVENUE
MIAMI FL 33166
US

Mailing Address

POST OFFICE BOX 522477
MIAMI FL 33152-2477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1986

4. FEI Number

59-2693108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 8333 N.W. 66th STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33166

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARMOLEJOS, RAFAEL A.	
STREET ADDRESS	2563 W. 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARMOLEJOS, NORMA I	
STREET ADDRESS	2563 W 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIDUEROA, PASTOR	
STREET ADDRESS	19610 SW 115 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARMOLEJOS, ELSIE DEL P	
STREET ADDRESS	2563 W 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARMOLEJOS, FEDERICO A	
STREET ADDRESS	2563 W 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARMOLEJOS, RAFAEL A	
STREET ADDRESS	2563 W 60TH PLACE	
CITY-ST-ZIP	HIALEAH FL	

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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

13/19/99

(305) 477-7990

CR2E034 (1/98)