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FILED
Apr 20 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 # M35291 (7)
1. Corporation Name
AMERITRANS CARGO BROKERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7102 N.W. 50TH STREET MIAMI FL 33166 US		Mailing Address P.O. BOX 520507 GMF. MIAMI FL 33152-0507 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent LUZ D. ESTRADA 7102 N.W. 50TH STREET 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	
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 the 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	1.1 TITLE	Change Addition		
NAME	ESTRADA, LUZ	1.2 NAME	Change Addition		
STREET ADDRESS	7102 N.W. 50TH STREET	1.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Change Addition		
TITLE	CSD	2.1 TITLE	Change Addition		
NAME	MARTIN, LEON	2.2 NAME	Change Addition		
STREET ADDRESS	7102 NW 50TH ST	2.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Change Addition		
TITLE		3.1 TITLE	Change Addition		
NAME		3.2 NAME	Change Addition		
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition		
TITLE		4.1 TITLE	Change Addition		
NAME		4.2 NAME	Change Addition		
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition		
TITLE		5.1 TITLE	Change Addition		
NAME		5.2 NAME	Change Addition		
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition		
TITLE		6.1 TITLE	Change Addition		
NAME		6.2 NAME	Change Addition		
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition		

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 employed 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:

ma...

4-14-98 (205) 599-0112

CR2E034 (10/97)