SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17897** **(0)**

1. Corporation Name

HELLMANN INTERNATIONAL FORWARDERS INC.

Principal Place of Business	Mailing Address
1500 W. CARLSON ST.. #202 LONG BEACH CA 90810	1500 W. CARLSON ST.. #202 LONG BEACH CA 90810

2. Principal Place of Business 21 10450 Doral Boulevard	2a. Mailing Address 26 10450 Doral Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33178 / 25 US	Zip / Country 29 33178 / 30 US

3. Date Incorporated or Qualified 02/04/1988	3a. Date of Last Report 03/31/1995
4. FEI Number 95-4140705	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when restated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HELLMANN, JOST		12 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		13 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		14 CITY-ST-ZIP	Miami, FL 33178	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HELLMAN, KLAUS		22 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		23 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		24 CITY-ST-ZIP	Miami, FL 33178	
TITLE	PSD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	BORGESON, GREGG		32 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		33 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		34 CITY-ST-ZIP	Miami, FL 33178	
TD		☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	LOGAN, DAVE		42 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		43 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		44 CITY-ST-ZIP	Miami, FL 33178	
TITLE	D	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	JUST, GERNOT		52 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		53 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		54 CITY-ST-ZIP	Miami, FL 33178	
TITLE	S	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	OUTWIN, TOM		62 NAME		
STREET ADDRESS	1500 W. CARSON ST., #202		63 STREET ADDRESS	10450 Doral Boulevard	
CITY-ST-ZIP	LONG BEACH CA 90810		64 CITY-ST-ZIP	Miami, FL 33178	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.A. HOGAN 7/29/96 305-406-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #