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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200003238 (2)

## MULTIMODAL INTERNATIONAL FREIGHT FORWARDERS, INC

Principal Plac	a of A reinace	Mailing Address					
·		· ·					
3650 HACIENDA BLVD STE H		3650 HACIENDA BLVD. SUITE H					
FT LAUDERDA	IF FL 33314	FORT LAUDERDALE FL 333	314-2821		ł		
US		US			3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Re 02/09/1996	port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			<b>65-0370590</b> Not Applical		Applicable
Suite, Apt. #_etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		May Be	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation has liability for in		199.032,
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Current	Hegistered Agent	81	T 51	10. Name and Address of New Reg	istered Agent	
	PELENKO, MARIO		81	Name			ļ
· ·	O HACIENDA BLVD.		82 Street Add		Address (P.O. Box Number is Not Acceptable	e)	
	TE E						
FOF	RT LAUDERDALE FL 33314		83				
			84	Crty		FL B5 Zip C	ode
11 Purguant	to the provisions of Sections 607 0502	and 607 1509 Florida Statuto	e the about	o namod	corporation submits this statement for the ou	FL	raniotorna
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.							
agent. I am lamiliar mitri, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Significantly types or perfect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OAT							
12.	OFFICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	: IN 12
TITLE	LD	DELETE	1.1 TITLE	тТ	PRESIDENT	☐ Change	X Addition
NAME	COPELENKO, MARIO		1.2 NAME		OSCAR BENALCAZAR		
STREET ADDRESS	3650 HACIENDA BLVD., SUITE	Ε		ADDRESS	3650 HACIENDA BLVD. SU	TE H	.
CITY-ST-7-P	FORT LAUDERDALE FL 33314	<del></del>	1.4 CITY - S		FT. LAUDERDALE, FLORE		
TITLE		DELETE	2.1 TITLE	)1 - LH	VICE PRESIDENT		Addition
NAME			2.2 NAME		ARNALDO GONZALEZ		7.24
STREET ADDRESS			2.3 STREET	ADDRESS	3650 HACIENDA BLVD. SU	त्यार म	ţ
CITY-ST-ZiP			2.4 CITY -		FT. LAUDERDALE, FLORIDA		
TITLE	DELETE 3.17)			21.51	SECRETARY	Change	Addition
NAME			3.2 NAME		RAUL ROJAS	and oriningo	- ST Soliton
STREET ADDRESS			3 3 STREET	ADDRESS	3650 HACIENDA BLVD. SU	ITE H	i
CITY - \$T - ZIP			34. CITY-		FT. LAUDERDALE, R DRD		
TITLE		DELETE	4.1 TITLE	V. Ln		☐ Change	Addition
NAME		_	4. 2 NAME		*		
STREET ADDRESS				' ADDRESS			
City-St-ZP			4.4 CITY - 5				
TITLE		☐ DELETE	51 TITLE	01 - ZIF		☐ Change	Addition
NAME			52 NAME			C. C. C. C.	
STREET ADDRESS				Annocce			
			5.3 STREET	i			, [
CITY - ST - 7-P TITLE		DELETE	5.4 CiTY-5	51 - ZIP'		☐ Change	Addition
		□ Detrie	61 TITLE			LT Criange	LI AUUIIUH
NAME CZOSET ADDIBUGO			62 NAME			•	İ
STREET ADDRESS			63 STREE	1			Į
CITY-ST-ZIP			6.4 City :	ST-ZIP			

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, it further certify that the information indicated on this arrival 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 in tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97 954 7926024

**FILED** 

Jan 27 1997 8:00am

Secretary of State