

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 13 1998 8:00am
Secretary of State

DOCUMENT # **P92000003238 (2)**

1. Corporation Name

MULTIMODAL INTERNATIONAL FREIGHT FORWARDERS, INC



Principal Place of Business

**3650 HACIENDA BLVD
STE H
FT LAUDERDALE FL 33314
US**

Mailing Address

**3650 HACIENDA BLVD.
SUITE H
FORT LAUDERDALE FL 33314
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1992

4. FEI Number

65-0370590

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COPELENKO, MARIO
3650 HACIENDA BLVD.
SUITE E
FORT LAUDERDALE FL 33314**

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 file 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** ☒ DELETE

NAME **OSCAR BENALCAZAR**
STREET ADDRESS **3650 HACIENDA BLVD. SUITE H**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **MARIO COPELENKO**
1.3 STREET ADDRESS **3650 HACIENDA BLVD - SUITE H**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL.**

TITLE **VP** ☐ DELETE

NAME **ARNALDO GONZALEZ**
STREET ADDRESS **3650 HACIENDA BLOD. SUITE H**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **RAUL ROJAS**
STREET ADDRESS **3650 HACIENDA BLVD. SUITE H**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-98

(954) 792-6024

CR2E034 (10/97)