**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90118 040 \*\*\*150.00

## 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

## DOCUMENT # P92000004728

1. Corporation Name

HANDY V	NASH ING.						
Principal Place	of Business	Mailing Address				'ilii ddiii dibit tanta i	
90 NW 137 AV. 90 NW 137 AV.					Ì		
MIAMI FL 33182 MIAMI FL 33182				DO NOT WRITE IN TH	JIE SDACE		
us us					3. Date Incorporated or Qualifed	115 SPACE	
					11/13/1992		
a Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26					65-0368179	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
27				5. Certificate of Status Desired	Fee Red	quired	
City & State	9	City.& State			6. Election Campaign Financing	\$5:00-	,
23	<u></u>	28			Trust Fund Contribution	Added to	o Fees
Zip			Count	ry	8. This corporation owes the current year	· Intangible ☐ Yes	□No
24	25		30		Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curr	ent Registered Agent	- 8	1 Name	10. Teams and Addition of North Logistics	<u></u>	
GRUI	Mer, Keith t		<u> </u>				
1 E. BROWARD BLVD.			8	Street Add	tress (P.O. Box Number is Not Acceptable)		Ì
#170	)5		8	13			
FT. L	AUDERDALE FL 33301		L			85 Zip C	
			18	City	F	- <b>L</b>   85   Zip C	,oue
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fior	nda Statuti	es. 	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	DELETE	1.1 TITU		ADDITIONAL DIVING CO TO CO. TO CO.	☐ Change	☐ Addition
NAME	HIDALGO, EXZUN L.		1.2 NAM	E			
STREET ADDRESS	90 NW 137 AV		1.3 STR	EET ADDRESS			ţ
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY	-ST-ZIP			
TITLE			2.1 TITL	E		Change	☐ Addition
NAME	AZOR, JORGE E. 22		2 2 NAM	E			-
STREET ADDRESS	90 NW 137 AV		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		2.4 CIT	Y-ST-ZIP			
_TITLE		DELETE	3.4-THL	E	<	Change	— Addition
NAME			3.2 NAM	E	•		
STREET ADDRESS			3.3 STR	EET ADORESS )		-	
CITY-ST-ZIP		☐ DELETE		r-st-zip		☐ Change	Addition
TITLE		☐ pereie	4.1 TEFL	Į.			
NAME			4. 2 NAM				
STREET ADDRESS				EET ADDRESS '-ST-ZIP			}
CITY-ST-ZIP		☐ DELETE	5.1 TITL			Change	Addition
TITLE NAME			5.2 NAM			•	
NAME STREET ADDRESS			5.3 STR	EET ADDRESS			}
CITY-ST-ZIP	•			-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		Change	☐ Addition
NAME			6.2 NAM	E			ļ
STREET ADDRESS		_	6.3 STR	EET ADDRESS			İ

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 supplied enter 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 of 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 15 if changes by the appears with an address, with all other like empowered. 305.225.9303