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

FILED
96 DEC 13 PM 12:42
SECRETARY OF STATE

REINSTATEMENT 96

DOCUMENT # P93000009188 (2)

1. Corporation Name

ACTION FORWARDING, INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
1670 N.W. 94TH AVE. MIAMI FL 33172	1670 N.W. 94TH AVE. MIAMI FL 33172

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business	2a. Mailing Address
21 7986 N.W. 14th ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SAME
City & State 23 MIAMI FLORIDA	City & State 28
Zip 24 33126 Country 25 DADE	Zip 29 Country 30

4. FEI Number: 65-0390111 ☐ 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

ACRA, MICHAEL
1670 N.W. 94 AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: Acra, Michael
82 Street Address (P.O. Box Number is Not Acceptable): 7986 N.W. 14 ST
83
84 City: Miami FL 85 Zip Code: 33126

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.

-12/17/96--01024--011
****375.00 ****375.00

SIGNATURE ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUMAROL, ADOLFO 1670 N.W. 94TH AVE. MIAMI FL 33172	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: Raphael A. Pumarol 7986 N.W. 14 Street Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RACCAH, ENRICO 1670 N.W. 94TH AVE. MIAMI FL 33172	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: Ramón Soto 7986 N.W. 14 ST Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACRA, MICHAEL 1670 N.W. 94TH AVE. MIAMI FL 33172	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: Milton Barbacout 7986 N.W. 14 ST Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZULUAGA, MARTHA 1670 N.W. 94TH AVE. MIAMI FL 33172	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: Alejandro Tiniacos 7986 N.W. 14 Street Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACRA, JASMIN 1670 N.W. 94TH AVE. MIAMI FL 33172	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: 12/12/96	☐ Change ☐ Addition

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: Raphael A. Pumarol — 11/27/96 — 305-599-2867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Martha Zuluaga

CR2E034 (3/96)

0061996 CP