PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300009188

ACTION FORWARDING, INTERNATIONAL FREIGHT FORWARD

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90015 008 ***150.00



LIIO, III	J.									
Principal Place	e of Business	Mailing Address				i idestatt tin tatat iter natt natt		#110 10101	11481 14561 1811 1881	
7986 N.W. 14TH MIAMI FL 33126	7986 N.W. 14TH STREET MIAMI FL 33126				DO NOT WRIT	E IN THIS	SPACE			
						3. Date Incorporated or Qualified 02/02/1993				
2. Principal P	2a. Mailing Address							Applied For		
21		26	26			65-0390111	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional				
22			27.			5. Certificate of Status Desired		Fe	ee Required	
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	.,			Trust Fund Contribution		Ad	ded to Fees	
Zip	Country	Zip	L, Cou	ntry		8. This corporation owes the curre	ent year	٦.,		
24	25	29	30			Intangible Personal Property.		_ Yes	∐ No	
	9. Name and Address of	Current Registered Agent		81 Nam		10. Name and Address of New R	egisterea /	gent		
ACR/	A, MÍCHAEL			Nam	ie					
7986 N.W. 14TH STREET				82 Street Address (P.O. Box Number is Not			ble)			
	M FL 33126		83				····			
*				03						
				84 City			FL	85	Zip Code ,	
				<u> </u>				لبل		
office or	registered agent, or both, in the	607.0502 and 607.1508, Florida Statut he State of Florida. Such change was he obligations of, section 607.0505, Fl	authorize	d by the co	rporation'	's board of directors. I hereby accep	t the appoir	tment a	as registered	
SIGNATURE	Signature, typed or printed name of regi	istored agent and title if applicable (A)	OTF: Registe	red Apent sign	nature require	d when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: RI 12. OFFICERS AND DIRECTORS				neo Agent sign	atala regula	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD		X DELETE 1.1 TI		D	X Change Addition				
NAME	PUMAROL, ADOLFO		1 2 N	ME	PUM	AROL, ADOLFO	-		~	
STREET ADDRESS	1670 N.W. 94TH AVE.	1.3		REET ADDRES	ADDRESS 1670 N.W. 94th AVE.					
CITY-ST-ZIP	MIAMI FL	MI FL		TY-ST-ZIP	MIAMI, FL					
TITLE	D	DELETE	2 1 TI	ΓLE					inge Addition	
NAME	RACCAH, ENRICO	RICO		2 2 NAME						
STREET ADDRESS	1670 N.W. 94TH AVE.		2.3 \$1	REET ADDRES	ss					
CITY-ST-ZIP	MIAMI FL 33172		2.4 CI	TY-ST-ZIP				,		
TITLE	EVP ·	X DELETE	3.1 TI	TLE	D			X "Cha	inge Addition	
NAME	ACRA, MICHAEL	-	3.2 N/	ME	- ACP	A, MICHAEL		• •		
STREET ADDRESS	1670 N.W. 94TH AVE.		3 3 ST	REET ADDRES	s 1670	0 N.W. 94th AVE.				
CITY-ST-ZIP	MIAMI FL		3 4 CI	TY-ST-ZIP		MI, FL				
TITLE	GMD	X DELETE	4.1 TI	TLE	D			X Cha	ange 🔲 Addition	
NAME	ZULUAGA, MARTHA		4.2 N			UAGA, MARTHA				
STREET ADDRESS	1670 N.W. 94TH AVE.		4.3 ST	REET ADORES	s 1670	0 N.W. 94th AVE				
CITY-ST-ZIP	MIAMI FL		4.4 CI	TY-ST-ZIP	MIAI	MI, FL				
TITLE	D	DELETE	5.1 TI	TLE				Cha	ange 🔲 Addition	
NAME	TINIAEOS, LAEJANDRO		5.2 N	AME						
STREET ADDRESS	7986 NW 14TH ST		5.3 \$1	REET ADDRES	3S					
CITY-ST-ZIP	MIAMI FL		5 4 CI	TY-ST-ZIP						
TITLE	D	DELETE	6.1 TI	TLE				Cha	ange Addition	
NAME	SOTO, RAMION		6.2 N	ME						
STREET ADDRESS	7986 N.W. 14 STREET		6.3 S1	REET ADDRES	3S					
CITY-ST-ZIP	MIAMI FL 33136			TY-ST-ZIP						
14. I hereby co	ertify that the information supp	olied with this filing does not qualify for	the exem	otion stated	d in sectio	on 119.07(3)(i), Florida Statutes. I furt	her certify t	hat 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:

PRINTED NAME OF SIGNING DEFICER OR DIRECTOR