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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or By

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

305-685-**7**451

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015786 (5)

TRANS-GLOBAL LOGISTICS, CORP.

3200 NW 125TH ST 3200 NW 125TH ST MIAMI FL 33167 MIAMI FL 33167-2408 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1993 04/16/1996 2. Principal Pace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0394526 21 26 Not Applicable Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMERSMITH, MINDA 3200 NW 125TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33167** 83 84 City 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 Horida. 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 (NOT) Registered Agent signature required when reinstating) y a tals. Agresi or period talk in the described agoni and fille disponishilo ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 11 TITLE TITLE HAMERSMITH, STEVEN 1.2 NAME NAME CR2E034 3200 NW 125TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZiP 14 CITY - ST - ZIP DELETE Change Addition Till, F 2.1 TITLE HAMERSMITH, HENRY NAME 22 NAME 7500 N. OAKMONT DR STREET CODRESS. 2.3 STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CHTM - S1 - ZIP DELETE Change Addition TIT F STD 3.1 TITLE HAMERSMITH, MINDA 32 NAME 541 ALCAZAR AVENUE **3.3 STREET ADDRESS** STREET ADDRESS CORAL GABLES FL 34. CITY-ST-ZIP DELETE Change Addition 10,8 4 1 TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZiP DELETE ☐ Change Addition 5.1 TITLE Till.E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHY-ST-76 DELETE ☐ Change Addition 61 TITLE TILLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-S1-ZIP CHY-S1-209 14. I do hereby cort by 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 agreed report or expulemental angual 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 corporator or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ent with an address

Old Steven Hamersmith