

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

0274083

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015786

1. Corporation Name
TRANS-GLOBAL LOGISTICS, CORP.

Principal Place of Business
3200 NW 125TH ST
MIAMI FL 33167

Mailing Address
3200 NW 125TH ST
MIAMI FL 33167

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

HAMERSMITH, MINDA
3200 NW 125TH ST
MIAMI FL 33167

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 block if applicable

(NOTE: Registered Agent signature required for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	OP	[] DELETE
NAME	HAMERSMITH, STEVEN	
STREET ADDRESS	3200 NW 125TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	[] DELETE
NAME	HAMERSMITH, HENRY	
STREET ADDRESS	7500 N. OAKMONT DR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	[] DELETE
NAME	HAMERSMITH, MINDA	
STREET ADDRESS	541 ALCAZAR AVENUE	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	000002812580-5
13 STREET ADDRESS	03/19/99-01105-018
14 CITY-STATE-ZIP	***150.00 ***150.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered or trusted 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (305)695-7451

CR2E034 (11/98)

FILED

99 MAR -9 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

4. FFI Number
65-0394526

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 the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent