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 # P93000063028

PANAMA FREIGHT INTERNATIONAL, INC.

| I MANAGARA | THEGIT INTERIORIST | , 1110- | | | |
|---|--------------------------------|--|--------------------|--|--------------------------------|
| Principal Place | of Business | Mailing Address | | f tention he tales had seen early seen | |
| MIAMI FL 33166 MIAMI FL 33166 | | | | DO NOT WRITE IN THIS | S SPACE |
| US . | | US | | 3. Date Incorporated or Qualifed 09/10/1993 | |
| 2 Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0439437 | Not Applicable |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | <u> </u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year in | |
| 24 | 25 | 29 30 | | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and Address of Current | Registered Agent | 04 11 | 10. Name and Address of New Registered | Agent |
| 81 Name | | | | | |
| ISAZA, ALĖXANDER 9799 N.W. 127TH STREET | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| HIAL | EAH GARDENS FL 33018 | | 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | - | |
| NAME. | isaza, alexander | | | | 700 |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | ן ו |
| CITY-ST-ZIP | HIALEAH GDNS FL | | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition C |
| NAME | ISAZA, DANIEL | l ' | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | HIALEAH GDNS FL | | 2. 4 CITY-ST-ZIP | | ☐ Change ☐ Addition. |
| TITLE | _S | DELETE | 3.1 TITLE | | |
| NAME | ISAZA, CRISTINA | | 3.2 NAME | | |
| STREET ADDRESS | 12401 W OKEECHOBEE RD, # | ¹ 375 | 3.3 STREET ADDRESS | |] |
| CITY-ST-ZIP | HIALEAH GDNS FL | | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | |
| NAME | ISAŻA, RITA | | 4. 2 NAME | | |
| STREET ADDRESS | | ¹ 375 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH GDNS FL | —————————————————————————————————————— | 4.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Ocuanão Dyoungu |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | | — — — — — — — — — — — — — — — — — — — | 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | 1 1 | ☐ DELETE | 6.1 TITLE | | |

14. Thereby 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 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, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TOUR OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90096 023 ***150.00