

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075364 (8)

1. Corporation Name

GLOBAL FREIGHT SERVICES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

9750 SOUTH ORANGE BLOSSOM TRAIL
STE. 202
ORLANDO FL 32837

9750 SOUTH ORANGE BLOSSOM TRAIL
STE. 202
ORLANDO FL 32837

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1125 Gills Drive

26 1125 Gills Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ste 800

27 ste 800

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

Country

Country

24 32824

25 ORANGE

29 32824

30 Orange

4. FEI Number

59-3206332

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

10. Name and Address of New Registered Agent

MCINTEE, JOHN E
241 EAST RUBY AVENUE
STE. A
KISSIMMEE FL 34741

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME ELKAREH, NADIM
STREET ADDRESS 11500 WESTWOOD BLVD. STE. 527
CITY-ST-ZIP ORLANDO FL 32821

TITLE D ☐ DELETE

NAME ELKAREH, RITA
STREET ADDRESS 11500 WESTWOOD BLVD. STE. 527
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CD
1.3 STREET ADDRESS NADIM ELKAREH
1.4 CITY-ST-ZIP 11500 WESTWOOD BLVD ste 527
Orlando, FL 32821

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME PE
2.3 STREET ADDRESS NABIL ELKAREH
2.4 CITY-ST-ZIP 6308 Morning Mist Lane
Orlando, FL 32809

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VT
3.3 STREET ADDRESS Nader Elkareh
3.4 CITY-ST-ZIP 6308 Morning Mist Lane
Orlando, FL 32809

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 407-850-5995
Date Daytime Phone #

CR2E034 (12/95)