## 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 # P9400002430

FREEPORT FREIGHT FORWARDERS OF MIAMI, INC.

## **FILED** Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90008 031 \*\*\*150.00

Mailing Address Principal Place of Business 7429 NW 50 ST 5180 NW 74 AVENUE **MIAMI FL 33166** MIAM! FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/11/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 7429 NW 50 ST 65-0460012 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution MIAMI 28 Zip Country 8. This corporation owes the current year Intangible □No ☐ Yes 30 Personal Property Tax. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WAGNER, WILLIAM J 82 Street Address (P.O. Box Number is Not Acceptable) 7429 NW 50 ST MIAMI FL 33166 83 Zip Code 84 85 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE WAGNER, EDWARD J 1.2 NAME NAME 7429 NW 50 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 21 TITLE TITLE WAGNER, WILLIAM J 2.2 NAME NAME 7429 NW 50 ST 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 2.4 CITY-ST-ZIP CITY+ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(11/98)