

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9400006257 (7)**

1. Corporation Name

LAKE FREIGHT BROKERS, INC.

Principal Place of Business

**4579 E 8TH AVE
HALEAH FL 33013**

Mailing Address

**4579 E 8TH AVE
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/18/1994** 3a. Date of Last Report **N/A**

4. FEI Number **65-0962839** 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. 119.032, Florida Statutes Yes No

2. Principal Place of Business

21 **13904 CROOKED PALM PLACE**

2a. Mailing Address

25 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami LAKES, FL.**

27 City & State

28

24 Zip

25 **33014**

26 County

27 **DADE**

29 Zip

28

30 County

31

9. Name and Address of Current Registered Agent

**ROMERO, FRED
4579 E 8TH AVE
HALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name **FRED ROMERO**
82 Street Address (P.O. Box Number is Not Accepted) **13904 CROOKED PALM PLACE**
83
84 City **Miami LAKES** FL 85 Zip Code **33014**

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE **4/21/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMERO, FRED
STREET ADDRESS	4579 E 8TH AVE
CITY - ST - ZIP	HALEAH FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROMERO, FRED	
13 STREET ADDRESS	13904 CROOKED PALM PLACE	
14 CITY - ST - ZIP	Miami LAKES, FL. 33014	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(4), 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 resigning), or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/95** (300)827-3962

Daytime Telephone #