

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 AUG 29 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000019306 (7)

1. Corporation Name

SEA INLAND AIR FREIGHT, INC.

Principal Place of Business

Mailing Address

1908 NW 84TH AVE  
MIAMI FL 33126

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MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 1741 NW 93rd Ave

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Miami FL

28 Zip

24 33122

29 Country

30 Country

3. Date Incorporated or Qualified  
03/08/1994

3a. Date of Last Report  
10/13/1995

4. FEI Number

65-0532194

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

TRUDEAU, FRANK  
1123 SOROLLA  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Echavarría, Fernando

82 Street Address (P.O. Box Number Not Acceptable)

1741 NW 93rd Ave

83 City & State

Miami FL

84 Zip Code

33122

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

FERNANDO ECHAVARRIA

8/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ECHAVARRIA, FERNANDO	
STREET ADDRESS	241 KNOLLWOOD DR.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VELASQUEZ, CARLOS	
STREET ADDRESS	9 ISLAND AVE., APT. 2005	
CITY-ST-ZIP	MIAMI BEACH FL 33129	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TRUDEAU, FRANK	
STREET ADDRESS	1123 SOROLLA	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	<del>Lutz Byrnes</del>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	500001940725
14 CITY-ST-ZIP	-09/06/96-01018-007
	***375.00 ***375.00

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	Vice Pres. Int'l Operations
43 STREET ADDRESS	Lutz Byrnes
44 CITY-ST-ZIP	13854 S.W. 15th Lane
	Miami FL 33186

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)(k), Florida Statutes. I further certify that the information included 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 617, 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

8/26/95 1302547.8808

CR2E034 (3/96)