

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 10 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000019850 (4)**

1. Corporation Name  
**INTERCO LOGISTICS, INC.**



Principal Place of Business  
**13396 SW 128TH STREET MIAMI FL 33186 US**

Mailing Address  
**13396 SW 128TH ST. MIAMI FL 33186-5807 US**

3. Date Incorporated or Qualified **03/10/1994** 3a. Date of Last Report **01/23/1996**  
 4. FEI Number **65-0475809** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

**9. Name and Address of Current Registered Agent**

**NOTHDURFT, CHARLES**  
**13396 SW 128TH STREET**  
**MIAMI FL 33186**

**10. Name and Address of New Registered Agent**

81 Name **James Creighton**  
 82 Street Address (P.O. Box Number is Not Acceptable) **18096 SW 128th Street**  
 83  
 84 City **Miami** FL 85 Zip Code **33186**

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: *James Creighton* **James Creighton PUST** **4-4-97**  
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PVST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOTHDURFT, CHARLES</b>		1.2 NAME
STREET ADDRESS <b>13396 SW 128TH STREET</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CREIGHTON, JAMES</b>		2.2 NAME
STREET ADDRESS <b>13396 SW 128TH ST.</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *James Creighton* **James Creighton** **4-4-97** **(305) 234-6627**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)