

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076358 (8)**

1. Corporation Name  
**MGR LOGISTICS CORPORATION**



Principal Place of Business  
**5790 SOUTHWEST 47 STREET  
MIAMI FL 33155**

Mailing Address  
**6800 SW 40TH ST  
STE 162  
MIAMI FL 33155-3708  
US**

2. Principal Place of Business  
21 **6800 SW 40TH ST**  
22 **Suite 162**  
23 **MIAMI, FL**  
24 **33155-3708** 25 **U.S.A.**

2a. Mailing Address  
26  
27  
28  
29  
30

3. Date Incorporated or Qualified **10/18/1994** 3a. Date of Last Report **06/20/1995**  
4. FEI Number **65-0533046** 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  
**OREZZOLI, RENATO B  
5790 SW 47TH ST  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
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 607.06(2) 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. This 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 s. 607.0608, Florida Statutes.

SIGNATURE *[Signature]* **R. OREZZOLI P.** **2-22-96**

12. OFFICERS AND DIRECTORS

1	<input checked="" type="checkbox"/> DELETE	P	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME		<b>OREZZOLI, RENATO B</b>		
STREET ADDRESS		<b>5790 SOUTHWEST 47 STREET</b>		
CITY, ST, ZIP		<b>MIAMI FL 33155</b>		
2	<input type="checkbox"/> DELETE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
3	<input type="checkbox"/> DELETE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
4	<input type="checkbox"/> DELETE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
5	<input type="checkbox"/> DELETE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME				
STREET ADDRESS				
CITY, ST, ZIP				
6	<input type="checkbox"/> DELETE		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME				
STREET ADDRESS				
CITY, ST, ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
7 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
8	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
8 NAME		
24 STREET ADDRESS		
24 CITY, ST, ZIP		
9	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
9 NAME		
37 STREET ADDRESS		
34 CITY, ST, ZIP		
10	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
10 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
11	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
11 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
12	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
12 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied herein is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(g), 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. 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 an officer or on an attachment with an address.

SIGNATURE: *[Signature]* **RONNIE OREZZOLI 2-22-96 305-669-9167**

CR2E034 (12/95)