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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000081819 (2)

**TOTAL LOGISTICS CORPORATION** 

Principal Place of Business	Mailing Address			
8522 N.W. 66TH ST. MIAMI FL 33166	8522 N.W. <del>6</del> 6TH ST. Miami Fl 33166			
	(			

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						itak maini anini ikunt into	6) 11 <b>810</b> 1811 1801	
8522 N.W. 66TH ST. 8522 N.W. 66TH ST. MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						11/08/1994		
<b>—</b> '	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	<u> </u>	26				65-0532273		Not Applicable
Suite, Apt. 22		27	apt #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State	e•	City & S	State			6. Election Campaign Financing		00 мау Ве
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or has pa		
24	25] 9. Name and Address of Cu	29 Registered Ar	3(	<u> </u>		Personal Property Tax due June 10. Name and Address of New Re		∐ No
110		Total Tiogram A		61	Name	10. 10110 0110 7-001 000 01 11017 110	State of Marit	
	ONTEIRO, SERGIO							
6151 S.W. 153RD COURT				82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
MIV	AMI FL 33193			83			<del></del>	
				84	City		FL  85   Z	Zip Code
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 registera					red when reinstating)	DATE	
12.		AND DIRECTORS	, (note	13.	and organization to the state	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PD		DELETE	1.1 TITLE			☐ Chan	ge Addition
NAME	MONTEIRO, SERGIO			1.2 NAME	1			
STREET ADDRESS	6151 S.W. 153RD COURT	ROAD		1.3 STREET	ADDRESS			ŀ
CITY-ST-ZIP	MIAMI FL 33193			1.4 CITY-S	T-21P			
TITLE	SD		DELETE	2.1 TITLE			Chang	ge Addition
NAME	MONTEIRO, MARCOS			2.2 NAME	Ì			Ì
STREET ADDRESS	6151 S.W. 153RD COURT	ROAD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33193			2.4 CITY-5	ST-ZIP			
TITLE	VO		DELETE	3.1 TITLE			☐ Chan	ge Addition
NAME	MONTEIRO, RICARDO			3.2 NAME				ł
STREET ADDRESS	6151 SW 153RD COURT	RD		3.3 STREET	ADDRESS			
CITY-ST-ZWP #	MIAMI FL			3.4. CITY - S	T-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Chan	ge Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Chang	ge Addition
NAME				5.2 NAME				1
STREET ADDRESS			i	5.3 STREET	ADDRESS			J
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TIFLE			DELETE	6 1 TITLE			☐ Chan	ge 🔲 Addition
NAME				6.2 NAME	1			
STREET ADDRESS				6.3 STREET	ADDRESS			ļ
CITY+ST-ZIP			1	6.4 CITY - S	T-ZIP			, _ , _ , _ ,
14. I hereby o	certify that the information-supplied	d with this filing doe	s not qualify for t	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes, I	further certify that	the information

indicated on one armular report or suppremental armular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation at the receiver or trustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in on an attachment with an address.