

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013347 (6)

1. Corporation Name

OUTSIDE FREIGHT FORWARDERS CORP



Principal Place of Business

~~831 N.W. 10TH AVENUE
MIAMI, FLORIDA 33136~~

Mailing Address

~~831 N.W. 10TH AVENUE
MIAMI, FLORIDA 33136~~

2. Principal Place of Business

2a. Mailing Address

21 7830 N.W. 71 St.

26 7830 N.W. 71 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33166

25 U.S.A.

29 33166

30 U.S.A.

9. Name and Address of Current Registered Agent

DE MATTOS HAUQUE, HOMERO W
19981 N.E. 24TH AVENUE
NORTH MIAMI BEACH FL 33180

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
02/16/1995

3a. Date of Last Report

4. FEI Number

Applied For

#65-0559163

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

10. Name and Address of New Registered Agent

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 registered agent and state of residence

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D DE MATTOS HAUQUE, HOMERO W
19981 N.E. 24TH AVENUE
NORTH MIAMI BEACH FL 33180

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D DE SOUZA, FERNANDO A.M.
2316 BAY DRIVE, APT. 18
MIAMI BEACH FL 33141

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D HALAS, GYORGY
3400 N.E. 192ND ST, APT. 1804
NORTH MIAMI BEACH FL 33180

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Ordinary Phone #

HOMERO HAUQUE 03/29/96 (305) 5932240

CR2E034 (12/95)