

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 # **P95000016294 (7)**

1. Corporation Name
ALLSTATES FREIGHT LINK, INC.



Principal Place of Business: **3111 STIRLING ROAD FT. LAUDERDALE FL 33312 3680 N.W. 73RD STREET MIAMI FL 33147**
Mailing Address: **3111 STIRLING ROAD FT. LAUDERDALE FL 33312 8649 NW 186TH ST. Suite 170 MIAMI FL 33015**

3. Date Incorporated or Qualified: **02/28/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0573586**
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: **3680 NW 73RD ST.**
2a. Mailing Address: **8649 NW 186TH STREET**
22. Suite, Apt. #, etc.: **SUITE 170**
23. City & State: **MIAMI FL**
28. City & State: **MIAMI FL**
24. Zip: **33147** 25. Country: **USA**
29. Zip: **33015** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **BREIT, RICHARD J HJ 3111 STIRLING ROAD FT. LAUDERDALE FL 33312**
10. Name and Address of New Registered Agent: **RAUL LORA 18840 NW 84TH AVE MIAMI FL 33015**

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]* **RAUL LORA** DATE: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	LORA, JOSE	
STREET ADDRESS	3111 STIRLING ROAD	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORA, JOSE	
STREET ADDRESS	3111 STIRLING ROAD	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18840 NW 84 AVE
1.4 CITY - ST - ZIP	MIAMI FL 33015
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	18840 NW 84 AVE
2.4 CITY - ST - ZIP	MIAMI FL 33015
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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]* **JOSE A. LORA** DATE: **4/17/96** Daytime Phone #: **(305)693-4002**

CR2E034 (12/95)