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

Mailing Address

1350 N.W. 93RD TERRACE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1350 N.W. 93RD TERRACE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

(954) 3463486

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026784 (5)

LOGISTICS GROUP INTERNATIONAL CORPORATION

CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071-6632					
					3. Date Incorporated or Qualified 04/04/1995	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEt Number	Applied Fo	r	
21		26		65-0577691	Not Applic		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additions Fee Required	đ	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	 Y	8. This corporation has liability for	71000010100	$\overline{}$
24	25	29	30			Yes 🗹 No	-,
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOS	EPHER, GLORIA R		81	Name			
2100	PONCE DE LEON BLVD.		82 Street Address		Address (P.O. Box Number is Not Acceptab	leì	
SUIT	TE 920		L		1301000 (1 10 . Dox 1401100 13 14011000ptac		
COR	VAL GABLES FL 33134		83				
			84	City		FL 85 Zip Code	
11 Pursuant i	to the provisions of Sections 607.0	502 and 607 1508. Florida Statute	es the abov	e-named	corporation submits this statement for the p		red
office or n	egistered agent, or both, in the Sta	te of Florida. Such change was a	authorized b	y the corp	poration's board of directors. I hereby accep	it the appointment as registere	∌d
	m ramear wiin, and accept the ob	igations or, Section 607.0505, Fig	orida Statute	S.			
SIGNATURE	Signature, type dior printed name of registored	agen, and tile if applicable (NOI)	F. Registered Ar	ent signature	required when reinsta; ng)	DATE	
12.		AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC		
TOTLE	P	DELETE	1.1 TITLE		M	Change Add	lition
NAME	CARRILLO, LUIS D		1.2 NAME	•	JUSE CARRILLO		
STREET ADDRESS	1350 N.W. 93RD TERRACE		1.3 STREE	T ADDRESS	8761 WILES RD -301		
CHY-ST ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	ST-ZIP	CORAL SPRINGS . FL - 33067		
TITLE	V	DELETE	2.1 TITLE			Change Add	iition
NAME	CARRILLO, JUAN C		2.2 NAME			•	
STREET ADDRESS	1350 N.W. 93RD TERRACE		23 STREE	T ADDRESS			
CHY+ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-	S1-ZIP			
TITLE		☐ DELETE	3.1 FITLE			Change Add	lition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - ZIP		CONTRACTOR OF THE PROPERTY OF		ST-ZIP			
Tiřtě		L DELETE	4.1 TITLE			☐ Change ☐ Add	lition
NAM!			4. 2 NAME				
STREET ADORESS			4.3 STREE	T ADDRESS			
CITY ST ZIP			4.4 CITY -	ST-ZIP			
11111 [☐ DELETE	5.1 TITLE			☐ Change ☐ Add	ition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP		T her ere	5.4 CITY -	ST-ZIP		T 0	
mt		DELETE	6.1 TITLE			☐ Change ☐ Add	ition
NAME			6.2 NAME				
\$TRUET ADDRESS				1 ADDRESS			
Louis et at			C 4 OITV	CA TIP			

14. If 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. If 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 efficier 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.