

**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 # **P95000040365 (5)**

1. Corporation Name

**LOGISTICS INTERNATIONAL, INC.**



Principal Place of Business	Mailing Address
4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146	4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146

3. Date Incorporated or Qualified <b>05/19/1995</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0605578</b>	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DUNWODY, W.E. III**  
**4675 PONCE DE LEON BLVD.**  
**SUITE 305**  
**CORAL GABLES FL 33146**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNWODY, W.E. III</b>	
STREET ADDRESS	<b>4675 PONCE DE LEON BLVD. STE 305</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CIERO, JOSEPH A.</b>	
STREET ADDRESS	<b>18434 N.W. 13TH STREET</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES, FL. 33029</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, CARLOS A.</b>	
STREET ADDRESS	<b>9120 S.S. 157TH PLACE</b>	
CITY - ST - ZIP	<b>MIAMI, FL. 33196</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/26/96 (305) 592-8198

CR2E034 (12/95)