

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040365 (5)

1. Corporation Name

LOGISTICS INTERNATIONAL, INC.



Principal Place of Business 4075 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146	Mailing Address 4075 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146-2113
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2. Principal Place of Business 21 4445 N.W. 97th Ave Suite, Apt. #, etc.		2a. Mailing Address 26 4445 N.W. 97th Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/19/1995	3a. Date of Last Report 05/01/1996
22 City & State 23 Miami, FL		27 City & State 28 Miami, FL		4. FEI Number 65-0605578	Applied For Not Applicable
24 33178		25 Dade		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 33178		27 Dade		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 33178		29 Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUNWODY, W.E. III 4075 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNWODY, W.E. III			1.2 NAME			
STREET ADDRESS	4075 PONCE DE LEON BLVD. STE 305			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIERO, JOSEPH A			2.2 NAME	P/D CIERO JOSEPH A.		
STREET ADDRESS	10434 NW 13TH ST			2.3 STREET ADDRESS	10434 N.W. 13th St.		
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANCHEZ, CARLOS A			3.2 NAME	VP/D SANCHEZ CARLOS A.		
STREET ADDRESS	9120 SS 157TH PLACE			3.3 STREET ADDRESS	9120 S.W. 157th PLACE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33196		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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. 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 or as an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)