

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90136 032 ***150.00

DOCUMENT # P95000064945

Corporation Name
SEAFREIGHT LOGISTICS, INC.

Principal Place of Business
2800 NW 105TH AVE
MIAMI FL 33172
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
26		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
27		27	
City & State		City & State	
28		28	
Zip		Zip	
25		25	
Country		Country	
29		29	
30		30	
3. Date Incorporated or Qualified		3. Date Incorporated or Qualified	
08/22/1995		08/22/1995	
4. FEI Number		4. FEI Number	
65-0604533		65-0604533	
Applied For		Applied For	
Not Applicable		Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
\$8.75 Additional Fee Required		\$8.75 Additional Fee Required	
6. Election Campaign Financing		6. Election Campaign Financing	
Trust Fund Contribution		Trust Fund Contribution	
\$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.		8. This corporation owes the current year Intangible Personal Property Tax.	
Yes No		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MALINS-SMITH, ROLAND 2915 STOCKHOLM AVE. COOPER CITY FL 33026		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD MALINS-SMITH, ROLAND 2915 STOCKHOLM AVE. COOPER CITY FL 33026	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD PEREZ, JOSE A 6810 PINEHURST DRIVE MIAMI FL 33015	<input type="checkbox"/> DELETE	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	

I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/99

CR2E034 (1/1/98)