FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P9500 S FREIGHT FORWARDING	00082571 (' & warehouse, inc	•	; 100 ///00/ 148 0 14 0//00 (140/00/)(() 20)((8)(8) (8)(8)	liili (888) kas soo
Principal Place	s st	Mailing Address 2953 SIMMS ST				
HOLLYWOO	D FL 33020	HOLLYWOOD FL 330	020			
				 Date Incorporated or Qualified 10/24/1995 	3a. Date of Last R	Beport
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
21		26		65-061567	9	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
City & State		City & State		6. Election Campaign Financing		Required
23		28		Trust Fund Contribution		0 May Be d to Fees
Zıp	Country	Zip	Country	8. This corporation has fiability for	intangible tax under s	
24	25 g. Name and Address of Current	29	30	Florida Statutes Yes 10. Name and Address of New F	□No	
	g. Hame and Address of Cuttern	r vedistelen wäelit	81 Name			
DUROR	F, Kenneth R				HTUN	
	BISCAYNE BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable 1977)	(e)	
	FL FL331-61	4 4	83	2 77. 38 7 101010 7	100	
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	5 Cras 1	-/9// . 4/	25/96 84 City H	outwood	FL 85 .3	0 Code 30 / 9
44 Duraulant to	the provisions of Sections 607. 502					
Pursuant to or register.		and 607.1508, Florida Statute a. Such change was authorize	es, the above-named corporation's bo	oration submits this statement for the pur	rpose of changing its r	registereti office
	d agent, or both on the State of Florid	a. Such change was authorizen 697.0501, Florida Statutes	ed by the corporation's bo	and of directors. I hereby accept the app	rpose of changing its rointment as registered	registered office Lagent. Lam
or register familiar with SIGNATURE	od agent, or both in the State of Florid n, and except the obligations of Section ignature, typed or printed name of required design	a. Such change was authoriz on 607.0501, Florida Statutes	ed by the corporation's bo	and of directors. I hereby accept the app	ointment as registered	lagent. I am
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or register familiar with SIGNATURE 12.	od agent, or both in the State of Florid n, and except the obligations of Section ignature, typed or printed name of required and OFFICERS AND	a. Such change was authoriz on 697.050%, Florida Statutes of the flanoulable (NO DEVECTORS	ed by the corporation's bo	and of directors. I hereby accept the app	ointment as registered	PRS IN 12
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appears in Block 12 or Block 13 if changed, aroun an attachment with an address

SIGNATURE: X

4/26/96 954 925-260