


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90012 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000083333** ✓

1. Corporation Name

**WIZ INTERNATIONAL FREIGHT FORWARDERS, INC.**

Principal Place of Business

6112 NW 74 AVE  
MIAMI FL 33166  
US

Mailing Address

61122 NW 74 AVE  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/31/1995**

4. FEI Number

**65-0626229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**13900 SW 153rd Place**

Suite, Apt. #, etc.

27

City & State

28

**Miami, FL**

29

**33196**

Country

30

**USA**

9. Name and Address of Current Registered Agent

**FERRETTI, RENATO**  
**15033 S.W. 110TH TERRACE**  
**KENDALL FL 33196**

10. Name and Address of New Registered Agent

81 Name

**Renato Ferretti**

82 Street Address (P.O. Box Number is Not Acceptable)

**13900 SW 153rd Place**

83

84 City **Miami**

**FL**

85 Zip Code **33196**

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

*Renato Ferretti*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/2/99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **FERRETTI, RENATO**

STREET ADDRESS **6112 NW 74 AVE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **Renato Ferretti**

1.3 STREET ADDRESS **13900 SW 153rd Place**

1.4 CITY-ST-ZIP **Miami, FL 33196**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0126755

**DRU D. LASHBROOK & ASSOCIATES, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Fasano, CPA  
Dean R. Lashbrook

*Member of the  
Florida Institute of  
Certified Public Accountants*

4481 Stirling Road  
Fort Lauderdale, Florida 33314  
Telephone: (954) 581-8112  
Fax: (954) 581-2554  
lashbrook@lbrook.com

601734-90012-7  
P95000083333

July 29, 1999

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314


Re: Wiz International Freight Forwarders, Inc.  
P95000083333 65-0626229

To Whom It May Concern:

The above taxpayer never received the original Profit Corporation Annual Report renewal form. There was a change in the mailing address, please see from for new and correct address. Enclosed is the second request form with a check for \$150.00. My office contacted the state and was advised that if we sent a letter with the form and check the penalty would be abated for just cause. We request abatement of the penalty for just cause.

If any additional information is needed, please contact this office.

Thank you,

  
Brian H. Wollard, CPA

BHW/jr

Enclosure