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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED Apr 13 1998 8:00am Secretary of State

	1998	DIVISION OF CO	PROPATIONS	Secretary	of State
DOCUMENT # P95000083627 (6) ROBINSON EXPEDITERS, INC.					1440 (1440 A)((0 A)((0 A)
Principal Place	o of Dunings	Mailing Address		{	\$140 JIIIA 81114 JIWII 1401 JB\$1
-		Mailing Address			
9675 NW 131 MIAMI FL 331		9675 NW 13TH STREET MIAMI FL 33172			
, , , , , , , , , , , , , , , , , , ,	•	Minant I C AAL C		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 11/01/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0617754	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		0.51.01.0	Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	
24	25	29 3	¬ '	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	<u> </u>	<u> </u>	10. Name and Address of New Registered	I Agent
LIE	BERMAN, STEVEN		81 Name		
	30 SOUTH DADELAND BLVD. #	1619	62 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156			00	aloo (To. Box (Tanbo to tree, to aprado)	
			83		
			84 City		85 Zip Code
				FI	_ `_
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Florid	da Statutes.	ation a board of all obtained in the object of the ap	point to regional
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI	D DIRECTORS	Registered Agent signature rec	(ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ROBINSON, JORGE G		1.2 NAME		ľ
STREET ADDRESS	9675 NW 13TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP)
TITLE	VTSD	DELETE	2.1 TITLE		Change Addition
NAME	robinson, ebba m		2.2 NAME		
STREET ADDRESS	9675 NW 13TH STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-2W			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS]
CITY-ST-ZIP		Delete	4.4 CITY - ST - ZIP		E Character E Calabian
TITLE		☐ DELETE	5 1 TITLE	•	☐ Change ☐ Addition
NAME PERSON ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied w	ith this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes. I further of	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 attactment with an address.

SIGNATURE: