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

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000087983 (9)

Q.T.E. CARGO FREIGHTFORWARD, INC.

7311 NW 12 S MIAMI FL 3312		7311 NW 12 ST MIAMI FL 33126-1935								
						3. Date Incorporated or Qualified 11/16/1995	3a. Da	to of La		ort
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Numbor			Appli	ed For
21		26				65-0618902	18902 Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Cariffeed of Class Basins		\$8.	5 Add	ditional
22		27			5. Certificate of Status Desired		Fe	e Requ	ired	
City & Stat	e	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zıp	Country	Zip	Cou	intry	· · · · · · · · · · · · · · · · · · ·		nta aibia			
24	25 29 30					8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\begin{array}{c}\limits \text{Yes} \text{In No}\end{array}\)				
	9. Name and Address of Curre		1571	/		10. Name and Address of New Reg	T	gent		
OL/	ÆIRA, LUIZ C			81	Name					
13060 SW 88 LANE				B2	Stroot Add	treet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33186				Street Address (F.O. Box Number is Not Acceptable)			10)			
4.				83	•		**************************************			
				84	City		FL	85	Zip Co	de
11. Pursuant office or r agent. Fa	to the provisions of Sections 607.056 egistered agent, or both, in the State im familiar with, and accopt the oblig	02 and 607.1508, Florida St o of Florida. Such change w ations of, Section 607.0505	atutes, the al vas authorize i, Florida Stat	bovi d by uto:	c-named cor y the corpora s.	poration submits this statement for the pition's hoard of directors. I hereby accep	urpose of I the appo	changi ointmen	ng its re t as req	egistered gistered
SIGNATURE	Signature typed or printed name of registered an	ent and title it annimable	/NO1F Registerer	Ani	ont constant room	ired when reinstating)	DATE			
12,	OFTICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			N 12	
TITLE	D	DELETE		TLE				Cha		Addition
NAME	OLIVEIRA, LUIZ C		1.2 N/	AME						
STREET ADDRESS	13060 SW 88 LANE				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33127	•			SI - ZIP					
TITLE	D	DELETE	DELFTE 211		01-510			Chai	nge T	Addition
NAME	GONZALEZ, JUAN A		226						.a <sub>o</sub> ∟	/100-11011
STREET ADDRESS	600 NE STREET #612				ADDRESS.					
CITY-ST-ZIP	MIAMI FL 33127	•		IREET ADDRESS UTY+ST+ZIP						
TITLE	Market I & VOIET	DELFTE 3.13			51 · Z(t'			Cha	, T	Addition
NAME		L. DICTIE				•		6181	ingo [	NUUILIOII
			3.2 N/		IDDDCOO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. C	Ŋγ.¦	S1-7IP					

14. I do hereby certify that the information supplied with this filling 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 eath; 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 Biock 12 or Block 13 if changed, or or arı address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - 7/P

4.1 TITLE

4. P NAME

5.1 TALE

5.2 NAME

6.1 101.6

6.2 NAME

DELFIE

DETETE

DELFIE

Addition

Addition

Addition

Change

☐ Change

**FILED** 

May 13 1997 8:00am

Secretary of State