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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015693**

1. Corporation Name

AMERICAN FREIGHT FORWARDERS CORPORATION

Principal Place of Business	Mailing Address
7854 N.W. 71 STREET MIAMI, FL 33166	7854 N.W. 71 STREET MIAMI, FL 33166

3. Date Incorporated or Qualified: 02/29/96
3a. Date of Last Report:

2. Principal Place of Business
21 7854 N.W. 71 STREET
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33166 25 Country: USA

2a. Mailing Address
26 7854 N.W. 71 STREET
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33166 30 Country: USA

4. FEI Number: 65-0645004 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GABRIEL PRATS
151 MAJORCA AVE., STE C
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: MARTHA P. SALCEDO
82 Street Address (P.O. Box Number is Not Acceptable): 7770 S.W. 120 PLACE
83
84 City: MIAMI FL 85 Zip Code: 33183

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: Martha P. Salcedo — Martha P. Salcedo — 4/1/97
(Signature of, and typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR ANTONIO PAULO BOURROUL 1717 N.BAYSHORE DRIVE,#24-41 MIAMI, FL 33132 ☒☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT/DIRECTOR JOSE CARLOS GONCALVES 1717 N.BAYSHORE DRIVE,#39-44 MIAMI, FL 33132 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/D PABLO PEREZ 16785 N.W. 12 STREET PEMBROKE PINES, FL 33028 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR JOSE CARLOS GONCALVES 1717 N.BAYSHORE DRIVE,#39-44 MIAMI, FL 33132 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY/DIRECTOR TEMISTOCLES JUNKES 1717 N.BAYSHORE DRIVE #35-40 MIAMI, FL 33132 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	200002145852 -04/17/97--01019--012 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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] Jose Carlos Goncalves 4/1/97 (305) 593-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #