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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham*

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 03 1997 8:00am

Secretary of State

DOCUMENT # P9600029167 (9)

AA FREIGHT FORWARDERS, INC.

District Dis							
Principal Place of Business Mailing Address				r restreet me teus austr deun deun sein sake ribte tetig 1660 600 1685 1085			
11738 S.W. 95TH LANE MIAMI FL 33186		11738 S.W. 99TH LANE MIAMI FL 33186-2751					
					3. Date Incorporated or Qualified 04/03/1996	3a. Date of I	ast Report
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			6F-06FF602		Not Applicable
_	Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0655683 5. Certificate of Status Desired	□ \$8	.75 Additional
22	27			Fee Required			ee Required
City & St	City & State				6. Election Campaign Financing \$5.00 May Be		
23	28			Trust Fund Contribution Added to Fees			
Zip	Country				This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes 💹 Yes 🗌 No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	RIMARCO, GEORGE E		"	ivanie			
11738 S.W. 99TH LANE			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
_ MIAM1 FL 33188			83				
			63	Ϊ			
 =			84	City		FL 85	Zip Code
11. Pursuar office o	nt to the provisions of Sections 607.050 or registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the abov	e-named cor y the corpora	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of change t the appointment	ging its registered
agent i SIGNATURE		ations of, Section 607.0505, FI	lorida Statute	S.	,		5
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				ent signature requ	uired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	
TITLE	PTD	☐ DELETE	1.1 TITLE			□ Ch	ange L Addition
NAME	LEE, EDWARD J		1.2 NAME				
STREET ADDRESS			1.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186 VSD	C nevere	1.4 CiTY-1	ST-ZIP			
TITLE		☐ DELETE	21 TITLE			L.J Ch	ange 🔲 Addition
NAME	LEE, BYRON JR 11788 S.W. 99TH LANE		22 NAME				
STREET ADDRESS	MIAMI FL 39186		2.3 STREET	r Address			
CITY-ST-ZIP	IMPARITE 00 100	DOLLTO	2.4 CiTY-	ST-ZIP			
TITLE NAME		☐ DELETE	31 THTLE			∐ Ch	ange Addition
		32 N					
STREET ADDRESS			3.3 STREET				J
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		[TAL	page Addition
NAME		ottli	4. 2 NAME	ĺ		L_J Ch	ange L Addition
STREET ADDRESS	e l		4.2 NAME 4.3 STREET	. +000500			
	'						
CITY-ST-ZIP TITLE		DELETE	4.4 City- S 5.1 Title	51-219		☐ Ch	ange Addition
NAME		the percent	5.2 NAME				ange [] Addition
STREET ADDRESS	,			ADDDCCC			
CITY-ST-ZIP	[]		5.3 STREET				
TITLE		☐ DELETE	5.4 CITY - 5	01 - ZIP		☐ Ch	ange
NAME		Preside	6.2 NAME				ango LI AOORIOII
STREET ADDRESS				ADODECC			
CITAL NOUNCOO	′		6.3 STREET	WINDERSS			Į.

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.