

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000042312
 1. Corporation Name
TT FREIGHT FORWARDERS, INC.

Principal Place of Business Mailing Address
701 Brickell Ave. Suite 3000
Miami, FL 33131

3. Date Incorporated or Qualified **05/17/1996**
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 **6695 NW 36TH AVE** 26 **6695 NW 36TH AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
 Not Applicable

22 City & State 27 City & State
MIAMI FL **MIAMI FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country
33147 U.S. **33147 U.S.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 Brickell Ave.
Suite 3000
Miami, FL 33131

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gonzalez, Georgina A | 1.2 NAME | |
| STREET ADDRESS | 15326 S.W. 53 Terr. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33185 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Santana, Magaly | 2.2 NAME | |
| STREET ADDRESS | 8339 S.W. 5th Street | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33144 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Morton, John | 3.2 NAME | |
| STREET ADDRESS | 114400 North Mt. Vernon Dr. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Plantation, FL 33325 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Arocha, Alicia | 4.2 NAME | |
| STREET ADDRESS | 4855 N.W. 7th St., Apt. 105 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33126 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

05/06/97

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*****165.00**

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, changed, or on an attachment with an address.

SIGNATURE: *John Morton* **John MORTON** 4/27/97 305-696-0096

CR2E034 (9/96)