| COF | PROFIT RPORATION JAL REPORT 1998 | Sandra Secre | ARTMENT OF STATE B. Mortham tary of State F CORPORATIONS | Apr 03 1 Secreta | 998 8:0 ary of St | |
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| WORL | D WIDE FREIGHT SERVIC | · | \$) | | | |
| Principal Plac 7360 NW 56 MIAMI FL 33 | th st. | Mailing Address 7360 NW 56TH ST. MIAMI FL 33166 | | | TE IN THIS SPACE | |
| | | | | 06/21/1996 | u | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number 65-0674270 | | plied For Applicat |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | ······································ | 5. Certificate of Status Desired | FI \$8.75 / | Additional |
| 22 City & Stat | 0 | 27 City & State | | 6. Election Campaign Financing | Fee Re | · · · · · · · · · · · · · · · · · · · |
| 23 | | 28 | | Trust Fund Contribution | \$5.00 Added t | |
| Zip | Country 25 | Zip 29 | Country | 8. This corporation owes or has Personal Property Tax due Ju | | angible] No |
| | 9. Name and Address of Cui REZ, GUILLERMO C | | 81 Name | 10. Name and Address of New I | | |
| 11 Disentionet | to the provisions of Santian (no) | 0502 and 607 1509 Classida Ota | 83 84 City | poration submits this statement for the | | Code |
| 11. Pursuant office or n agent. I a SIGNATURE | X mighter - | +l' | 84 City utes, the above-named cor s authorized by the corpora Florida Statutes. | rporation submits this statement for the ation's board of directors. I hereby acc | e purpose of changing it cept the appointment as | |
| | Signature, typed or printed name of registered | +l' | 84 City | | PL e purpose of changing it cept the appointment as | s registere registered |
| SIGNATURE 12. 11TLE | Signature. Need or priviled name of regisfuring OFFICERS | agent and tille it applicable (N | 84 City sutherized by the corpora Florida Statules. OTE: Registered Agent signature required 13. 11 TIRE 11 TIRE | uired when reinstating) | PL e purpose of changing it cept the appointment as | s register registered |
| SIGNATURE | Signature, byted or printed name of registure | agent and tille it applicable (N AND DIRECTORS | 84 City tutes, the above-named cor s authorized by the corpora Florida Statutes. OTE: Registered Apent signature requ 13. | uired when reinstating) | PL | s register registered |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, Mard or Printed name of regiming OFFICERS PT CHAPETON, GUILLERMO 7360 NW 56 ST. MIAMI FL 33166 | | 84 City uutes, the above-named cors sauthorized by the corpora Florida Statules. 1 OTE: Registered Agent signature required 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP | uired when reinstating) | PL | s registere registered S IN 12 |
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