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Jun 05 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 # P96000062035 (6)

1. Corporation Name
INTERPORT LOGISTICS, INC.



Principal Place of Business

Mailing Address

~~2801 NW 74TH AVE~~
~~MIAMI FL 33122~~

~~2801 NW 74TH AVE~~
~~MIAMI FL 33122-1400~~

10100 W. SAMPLE ROAD, #404
CORAL SPRINGS, FL. 33065

3. Date Incorporated or Qualified
07/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10100 W. SAMPLE ROAD

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 404

27

City & State

City & State

~~MIAMI SPRINGS~~

28

Zip

Country

Zip

Country

24 33065

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GEORGE W. CHAQUINGA~~
~~2801 NW 74TH AVE~~
~~MIAMI FL 33122~~

81 Name

JORGE CHAQUINGA

82 Street Address (P.O. Box Number is Not Acceptable)

83

10100 W. SAMPLE ROAD, #404

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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

George W. Chaquinga
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TONY ALVARO
2300 E. HIGGINS ROAD, #306
ELK GROVE VILLAGE, IL 60007

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *George W. Chaquinga* (TANY ALVARO)

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