

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90115 028 ***150.00

DOCUMENT # P96000068639

1. Corporation Name
H AND R LOGISTICS INC.

Principal Place of Business
7555 N.W. 63RD STREET
MIAMI FL 33166

Mailing Address
7555 N.W. 63RD STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1996

4. FEI Number
65-0697967

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 8140 NW 74 Ave

2a. Mailing Address
26 8140 NW 74 Ave

22 Suite, Apt. #, etc.
21

27 Suite, Apt. #, etc.
21

23 City & State
Medley FL

28 City & State
Medley FL

24 Zip
33166

29 Zip
33166

25 Country
DADE

30 Country
DADE

9. Name and Address of Current Registered Agent

PHILLIPS, SHARON
7555 N.W. 63 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
Phillips, Sharon

82 Street Address (P.O. Box Number is Not Acceptable)
8140 NW 74 Ave

83

84 City
Medley

85 Zip Code
FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
PHILLIPS, SHARON
7555 N.W. 63 STREET
MIAMI FL 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
PHILLIPS, BERNIE
7555 N.W. 63 STREET
MIAMI FL 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPT
Phillips, Sharon
8140 NW 74 Ave, Suite 21
Medley, FL 33166

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVS
Phillips, Bernie
8140 NW 74 Ave, Suite 21
Medley, FL 33166

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Sharon Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 (305) 887-3355

Date

Daytime Phone #

0243334

CR2E034 (11/98)