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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000083014**

1. Corporation Name
ACCESS FREIGHT FORWARDERS, INC.



Principal Place of Business

1402 NW 82ND AVE
~~SUITE 569~~
 MIAMI FL 33166

Mailing Address

1402 NW 82ND AVE
~~SUITE 569~~
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

65-0700363

Applied For
 Not Applicable

2. Principal Place of Business

21 **14 02 NW 82ND AVE**

2a. Mailing Address

26 **14 02 NW 82ND AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

MIAMI FL

28 City & State

MIAMI FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

33126

25 Country

U.S.A.

29 Zip

33126

30 Country

U.S.A.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LEAL, MARCELO V
 925 88 STREET
 SURFSIDE FL 33154

10. Name and Address of New Registered Agent

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

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 DELETE

VSD
 LEAL, MARCELO V
 925 88 STREET
 SURFSIDE FL 33154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

TITLE DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Marcelo V. Leal
 MARCELO V. LEAL

03/25/99 (305) 4362880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)