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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000085312 (2)
1. Corporation Name
PROMODAL INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

% ACTI CARGO, INC. ✓
1855 N.W. 70 AVENUE
MIAMI FL 33126

% ACTI CARGO, INC. ✓
1855 N.W. 70 AVENUE
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2500 N.W. 79 AVE
Suite, Apt. #, etc.
22 STE # 210
City & State
23 MIAMI FL.
Zip
24 33122
Country
25 U.S.A.

2a. Mailing Address
26 2500 N.W. 79 AVE
Suite, Apt. #, etc.
27 STE # 210
City & State
28 MIAMI FL.
Zip
29 33122
Country
30 U.S.A.

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-7008567

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERGER, DAVID S
100 NORTH BISCAYNE BLVD. #1707
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name
DORIVAL GROPPA
82 Street Address (P.O. Box Number is Not Acceptable)
2500 N.W. 79 AVE. STE 210
83
84 City
MIAMI
FL 85 Zip Code
33122

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
AMERSSONIS, IOANNIS
STREET ADDRESS
C/O 100 NORTH BISCAYNE BLVD. #1707
CITY-ST-ZIP
MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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.

SIGNATURE:

09 JAN 98 (205) 499 9644

CR2E034 (10/97)