PROFIT CORPORATION ANNUAL REPORT

1999



JFLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089691

1. Corporation Name

EAST WEST NORTH SOUTH FORWARDING, INC.

Principal Place of Business Mailing Address						T (\$30)441 (10 10)10 Bill) Beill Beill Beill seter (ann 10)5 Billio (3)	1 3161 1061	
10465 NW 29TH TERR MIAMI FL 33172			10465 NW 29TH TERR SUITE 1M57, BOX-25-					
US			MIAMI FL 33172			DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualifed		
						10/29/1996	ļ	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applie	d For	
21		26				65-0722277 Not A	oplicable	
	#,etc	Suite, Apt. #, etc.		-t	7, 5 A g 198	5. Certificate of Status Desired	tional	
22		27				5. Certificate of Status Besiled B	red	
City & State	3	City & State				6. Election Campaign Financing \$5.00 Ma	y Be	
23		28				Trust Fund Contribution Added to F	ees	
Zip	Country Zip			ıntry		8. This corporation owes the current year Intangible		
24	25 29 30					Total Topolity	No	
	9. Name and Address of Curren	t Registered Agent		ļ.,		10. Name and Address of New Registered Agent		
0011	FE 14450 M			81	Name		ł	
	IFF, JAMES M	_		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
9130 SOUTH DADELAND BOULEVARD								
SUITE 1609				83				
MIAN	AI FL 33156			84	City	85 Zip Coo	e	
					City	FL ["]		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida S	tatutes, the a	bove	-named corpor	ration submits this statement for the purpose of changing its re-	istered	
office or re agent, I a	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change w tions of, Section 607.0505	as autnorized , Florida Stati	utes.	ine corporation ·	n's board of directors. I hereby accept the appointment as regis	3160	
SIGNATURE		,						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Registered) Agen	t signature required			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D DELETE 1.1 T			πE	Ą	OY65 NW 29 TERR	Addition 3	
NAME	KITCHLOO, ASHOK	•	1.2 NA	AME	K	ITCH LOO MISHON		
STREET ADDRESS	2315 N.W. 107TH AVE., STE 11	M57 BOX 25	1.3 \$1	TREET	ADDRESS	0465 NW 29 15KX]	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CI	ITY-SI	r-ZIP 🖍	NIAMI, FL 33172	}	
TITLE		☐ DELET	E 2.1 TI	TLE	ĺ	☐ Change	Addition]	
NAME			2.2 NA	***				
STREET ADDRESS				AME				
CITY-ST-ZIP			2.3 \$1		ADDRESS			
TITLE								
	<u> </u>	☐ DELETI	2.40	TREET			☐ Addition	
NAME	<u> </u>	DELETI	2.40	TREET TTY:S			☐ Addition	
NAME STREET ADDRESS	<u> </u>	☐ DELETI	2.40 E 3.1 T/I 3.2 N/	TREET TITY: S TLE AME			Addition	
\		☐ DELETI	2.4C E 3.1 T/I 3.2 N/ 3.3 S1	TREET TITY: S TLE AME	T-ZIP		Addition	
STREET ADDRESS		☐ DELETI	2.4C E 3.1 TII 3.2 NA 3.3 ST 3.4. C	TREET TLE AME TREET	T-ZIP	☐ Change	☐ Addition	
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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 supplement 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90181 009 ***150.00