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

DOCUMENT # P9700001990

1. Corporation Name

CONTRACT LOGISTICS, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90149 039 ***150.00

|--|--|

Principal Place	e of Business	Mailing Address						
995 SW 84 AVE #321 996 SW 84 AVE #321								
MIAMI FL 33144	IAMI FL 33144 MIAMI FL 33144			DO NOT WRITE IN THIS SPACE				
· 					3. Date Incorporated or Qualifed			
					01/02/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21 79 A9 NW 21 ST. 26					65-0715950		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75	Additional
27					5. Certificate of Status Desired		Fee R	equired
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23 MIAMI PC 28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre			-
24 331		29 30)		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	04	Maria	10. Name and Address of New Ro	egistered Ag	ent	
VALE	DESPINO, LUIS		81	Name				ŀ
	SW 84 AVE #321		82	Street	Address (P.O. Box Number is Not Acceptal	ble)		
	AI FL 33144							
MIAN	NI FL 33 144		83					
			84	City			85 Zip	Code
						<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the poration's board of directors. I hereby accept	purpose of ch t the appointr	anging its nent as re	s registered egistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes		,	,,		1
SIGNATURE			_					
	Signature, typed or printed name of registered agent		<u> </u>	t signature i	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	DDC IN 12
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	☐ Addition
TITLE	P	C DELETE	l					
NAME	VALDESPINO, LUIS		1.2 NAME	LODDECC				ļ
STREET ADDRESS	995 SW 84 AVE #321		1.3 STREET					
CITY-ST-ZIP	MIAMI FL 33144 VP	DELETE	1.4 CITY-S	-212	VP .	١	Change	Addition
TITLE		□ bereie	2.2 NAME		Devis a Maria	-		
NAME	NEVILLA, MARIO		2.3 STREET	ADDOCCO	REVILLA, MARIO 5406 SW 1354A PL	46		
STREET ADDRESS	5406 S W 13TH PL				Miami R 33175	700		ļ
CITY-ST-ZIP	MIAMI FL 33175	DELETE	2. 4 CITY- 9 3.1 TITLE	I-ZIP	17/14M1 PL 33113		Change	Addition
TITLE		LJ DELL'IL	3.2 NAME					
NAME			3.3 STREET	4000000				ļ
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-217		ı	Change	Addition
			4.2 NAME			•		_
NAME			4.3 STREET	ADDRESS.				Į
STREET ADDRESS								
C/TY-ST-Z/P		☐ DELETE	4.4 CITY-S	-ZIP			Change	☐ Addition
TITLE		F 2	5.2 NAME			`		_
NAME			5.3 STREET	ADORESS				
STREET ADDRESS			5.4 CITY-S					į
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
			6.2 NAME				5-	
NAME			6.3 STREET	ADDRESS				Į
STREET ADDRESS			6.4 CITY-S]
CITY-ST-ZIP			0.4 CHY-S	- 415	<u> </u>			

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.

SIGULIAN SIGNING OFFICER OR DIRECTOR SIGNATURE: