

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 90063 025 ***150.00

DOCUMENT # P97000024076

1. Corporation Name
ELEMAR LOGISTICS & DISTRIBUTION, INC.



Principal Place of Business
9350 S. DIXIE HWY.
PH2
MIAMI FL 33156

Mailing Address
9350 S. DIXIE HWY.
PH2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1997

2. Principal Place of Business
21 3475 NW 114 Ave.

2a. Mailing Address
26 3475 NW 114 Ave.

4. FEI Number
65-0747509

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 Miami FL

27 City & State
28 Miami FL

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24 Zip 33178 25 Country USA

29 Zip 33178 30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILNE, ROBERT A
9350 S. DIXIE HWY.
PH2
MIAMI FL 33156

81 Name Victor E. Matos
82 Street Address (P.O. Box Number is Not Acceptable)
3475 NW 114 Ave.
83
84 City Miami FL 85 Zip Code 33178

11. Pursuant to the provisions of Sections 607.0302 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

Victor E. Matos

4-27-99

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

(NOTE: Registered Agent/Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDAS
NAME MATOS, VICTOR
STREET ADDRESS 8254 NW 14TH STREET
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3475 NW 114 Ave.
1.4 CITY-ST-ZIP Miami FL 33178

TITLE T
NAME MATOS, VICTOR
STREET ADDRESS 8254 NW 14TH STREET
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3475 NW 114 Ave.
2.4 CITY-ST-ZIP Miami FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)