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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 21 1998 8:00am Secretary of State

DOCUMENT # P97000054245 (0) SUNSHINE WORLDWIDE LOGISTICS, INC. Principal Place of Business Mailing Address 9467 NW 74TH ST .--**<8487 NW 74TH ST:** MIAMI FL 00100 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/17/1997</u> 28. Mailing Address 26. U995 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired UITE SUITE Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HART, LAURENCE 8467 NW 74TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33166 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutos, 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: typest or predict can end registers diagent and little diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1111111 HART, LAURENCE 1.2 NAME NAME 4995 NW 72 Nd Rue SUITE 408 -8407 NW 74TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI-FL-33166 CITY-ST-ZIP 1,4 CITY-\$1-ZIP DELETE TITLE 2.1 DILE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its true and accurate and that my signature shall have the same legal effect as if made under path; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certily that the informati indicated on this annual report or supplemen officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

4/28/28