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

rincipal Place of Business	Mailing Address
2 NW 66TH STREET	8282 NW 66TH STREET
IAMI FL 33166	MIAMI FL 33166

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90109 048 ***150.00

 Corporation 	TRANSPORTATION LOGISTI							
Principal Place	of Business	Mailing Address	_				B	
8282 NW 66TH STREET 8282 NW 66TH STREET MIAMI FL 33166 MIAMI FL 33166								
					DO NOT WRITE IN THE	SPACE		
					3. Date Incorporated or Qualifed 07/01/1997			
2. Principal Pl	Place of Business 2a. Mailing Address				4. FEI Number	App	lied For	
21					65-0764409		Applicable	
Suite, Apt. i	, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A			
ZŽ	27						<u>·</u>	
City & State				6. Election Campaign Financing	\$5.00 (Added to			
23	28							
Zip	Country Zip Country			ſ	8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curren		30		10. Name and Address of New Registered			
	5. Name and Address of Curren	t Registered Agent	81	Name	101 1101 1101 1101			
IGLE	SIAS, ADOLFO E		<u> </u>					
12010 SW 97TH STREET		82	Street Add	ress (P.O. Box Number is Not Acceptable)				
AAIM	AI FL 33186		83					
			<u> </u>			lan zu o	la de	
			84	City	F	85 Zip C	9006	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation.	of Florida. Such change was all	ithorized hv	the corporati	poration submits this statement for the purpose on so board of directors. I hereby accept the appu	f changing its intment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title If annirable (NOTE	Registered Age	at signature require	od when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	SUPPA, RUGGIERO		1.2 NAME					
STREET ADDRESS	ADTO S A DIFERTO CARELLO		1.3 STREET ADDRESS				ļ	
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP				
TITLE			2.1 TITLE			Change	☐ Addition	
NAME	· -		2.2 NAME		•			
STREET ADDRESS			2.3 STREE	T ADDRESS	•			
CITY:ST:ZIP	HIALEAH FL 33018 2			ST-ZIP				
TITLE	T DELETE 3:		3.1 TITLE			Change	☐ Addition	
NAME	GOMEZ, ANGELA		3.2 NAME					
STREET ADDRESS	AVE.ROMULO GALLEGOS EDF	. PASCAL	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	CARACAS, VENEZUELA		3.4. CITY-	ST-ZIP	····			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZiP		[] Ch	□ Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	•		5.2 NAME				Ì	
STREET ADDRESS	•		1	T ADDRESS				
CfTY-ST-ZIP	<u> </u>		5.4 CITY-5 6.1 TITLE	51-ZIP		☐ Change	Addition	
TITLE		M ACTELE	6.2 NAME					
NAME				ET ADDRESS				
STREET ADDRESS			0.3 3 I KEE	-, UPPLE-00		-		

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: