

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062638 (6)

1. Corporation Name
RACE LOGISTICS INTERNATIONAL, INC.



Principal Place of Business 5730 SW 74 STREET #700 MIAMI FL 33143	Mailing Address 5730 SW 74 STREET #700 MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2828 Coral Way Suite, Apt. #, etc. 22 302 City & State 23 Miami, Fla. Zip 24 33145		2a. Mailing Address 26 2828 Coral Way Suite, Apt. #, etc. 27 302 City & State 28 Miami, Fla. Zip 29 33145		3. Date Incorporated or Qualified 07/18/1997	
4. FEI Number 65-0809232		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent BLANCK, ROBERT W 5730 SW 74 STREET #700 MIAMI FL 33143			
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent			

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHUMAN, CARLOS 5730 SW 74 STREET #700 MIAMI FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUMAN, CARLOS 5730 SW 74 STREET #700 MIAMI FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Schumann, Carlos 5730 SW 74 Street, #700 Miami, Fl., 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DIRECTOR CLAUDIA COLANTONE 5730 SW 74 Street #700 Miami, FL 33143	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PS DIRECTOR CLAUDIA COLANTONE 5730 SW 74 Street #700 Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MANUEL A. RODRIGUEZ 1624 SW 137 Court, Miami, FL 33175	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VT DIRECTOR MANUEL A. RODRIGUEZ 1624 SW 137 Court Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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.

SIGNATURE _____ **3/17/98** **(305) 706 1037**

CR2E034 (10/97)