

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  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90020 006 \*\*\*150.00

DOCUMENT # P97000066315

1. Corporation Name

S.E.D. FORWARDERS & CARGO, INC.

Principal Place of Business

7335 N.W. 56TH STREET  
MIAMI FL 33166  
US

Mailing Address

7335 N.W. 56TH STREET  
MIAMI FL 33166  
US

2. Principal Place of Business

21 7335 N.W. 56th Street  
Suite, Apt. #, etc.

22 City & State  
Miami, FL

23 Zip  
33166

24 Dade

2a. Mailing Address

26 7335 N.W. 56th Street  
Suite, Apt. #, etc.

27 City & State  
Miami, FL

28 Zip  
33166

29 Dade

9. Name and Address of Current Registered Agent

TEJERA, JUANA M  
5979 N.W. 37TH STREET  
#4  
VIRGINIA GARDENS FL 33166

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0770944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME PAMPARATTO, IVAN F  
STREET ADDRESS 952 S.W. 136TH PLACE  
CITY-ST-ZIP MIAMI FL 33184

TITLE VD ☐ DELETE

NAME TEJERA, JUANA M.  
STREET ADDRESS 5979 N.W. 37TH ST. #4  
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Tejera, Juana M.

2.3 STREET ADDRESS 12401 W. Okeechobee Road,

2.4 CITY-ST-ZIP #478, Hialeah, FL 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 #

04/27/99 (305) 889-3424

CR2E034 (11/98)