

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

PROFIT  
CORPORATION  
ANNUAL REPORT

~~1999~~ 2000



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90095 043 \*\*\*550.00

DOCUMENT # **P7000066425**  
i. Corporation Name

**GAMMA FREIGHT FORWARDERS, INC.**

**80103030**

Principal Place of Business Mailing Address  
**7979 N.W. 21st Street**  
**Miami, Florida 33122**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**7-30-97**

Principal Place of Business 2a. Mailing Address  
**26 7979 NW 21st St.**

4. FEI-Number Applied For  
**65-0784774** Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

City & State 28 City & State  
**MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip Country 25 Zip Country 29 **33122** 30 **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

81 Name **CESAREO LLANO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7979 N.W. 21st Street**  
83  
84 City **Miami** FL 85 Zip Code **33122**

i. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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.

**\*8/31/00**

Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE  
**CESAREO LLANO**  
**7979 N.W. 21st Street**  
**Miami, Florida 33122**

1.1 TITLE **President/Director** ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ DELETE  
**ALVARO SMITH**  
**1315 San Ignacio Avenue**  
**Coral Gables, Florida 33146**

2.1 TITLE **Vice-President/Director** ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ DELETE  
**Santiago Eljaiek**  
**2355 S.W. 125th Avenue**  
**Miami, Florida 33175**

3.1 TITLE **Vice-President/Director** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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: **PRESIDENT**

**8/31/00**

**(305) 470-2021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)