PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070829

FRONTIER LINER AGENCY, INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90043 006 ***158.75



Principal Place	of Business	Mailing Address					j . I LABILABI IID IBILI LOBEL OBELE ABILE ABILE -	(il mătiș ingși anșmi i	1110 11010 IUII IUU	
7500 N.W. 25 STREET 7500 N.W. 25 STREET MIAMI FL 33122 MIAMI FL 33122							DO NOT WRITE I	N THIS SPACE		
							3. Date Incorporated or Qualifed			٦
							08/14/1997			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied F			٦
21		26	26				65-0785104 Not App			e
Suite, Apt	#, etc	Suite, Apt. #, etc	Suite, Apt. #, etc				5. Certificate of Status Desired		5. Additional.	
22		27	27				5. Certificate of Status Desired	Fee	Required	_
City & State)	City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zip	F-3 ' F-3 '			i			8. This corporation owes the current	year Intangible ☐ Yes	≥ No	- 1
24	25					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Kegi	stered Agent		┥
BERN	NSTEIN, JEFFREY A							<u> </u>		_
7500 N.W. 25 STREET				82 Street Addre			ss (P.O. Box Number is Not Acceptable)	•		1
l	N FL 33122			83						\dashv
										_
				84	City			FL 85 Z	ip Code	
14 Pureuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	the a	bove	-named	corpor	ration submits this statement for the pur	oose of changing	its registered	-
l office or re	egistered agent, or both, in the State	e of Florida. Such change was aut	horized	i by i	the corpo	oration	's board of directors. I hereby accept th	e appointment as	registered	
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Stat	utes.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	tegistered	Agent	signature re	w beniupe	when reinstating)	DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
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NAME	22 N				Ju:	lio Osorio				
STREET ADDRESS	235					56-Sequoia-Lane			= -	
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NAME			3.2 NAME		(ne		an Marie Almira			1
STREET ADDRESS			3.3 STREE				1 NW 201 Avenue			-
CITY-ST-ZIP				CITY-ST-ZIP		Per	mbroke,Pines, jFL	33029 I Chan	ge Additio	<u></u>
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CITY-ST-ZIP TITLE		DELETE	6.1 TI					☐ Chan	ge Addition	on l
		<u></u>	6.2 N	AME				_ .		
NAME	•				ADDRESS	l				
STREET ADDRESS	Γ	<i>(</i>	1					•		

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 concoration or the receiver or trusteel 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: