

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

<b>AMENDED PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b>
		Secretary of State DIVISION OF CORPORATIONS

FILED

08 AUG 16 PM 1:03

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070829

1. Corporation Name

FRONTIER LINER AGENCY, INC.

Principal Place of Business

Mailing Address

7500 N.W. 25 Street  
Miami, FL 33122

7500 N.W. 25 Street  
Miami, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/14/97

2. Principal Place of Business

21 7500 N.W. 25 Street

2a. Mailing Address

26 7500 N.W. 25 Street

Suite, Apt. #, etc

22 #239

Suite, Apt. #, etc

27 #239

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33122

Country

25 USA

Zip

29 33122

Country

30 USA

4. FEI Number

65-0785104

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

9. Name and Address of Current Registered Agent

BERNSTEIN, Jeffrey A.  
7500 N.W. 25 Street  
Miami, FL 33122

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
100 N. Biscayne Blvd.

83 Suite 2608

84 City Miami

FL

85 Zip Code  
33132

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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SOTO, Santiago  
STREET ADDRESS 7500 N.W. 25 Street  
CITY-ST-ZIP Miami, FL 33122

TITLE VP/S ☐ DELETE

NAME OSORIO, Julio  
STREET ADDRESS 1056 Sequoia Lane  
CITY-ST-ZIP Ft. Lauderdale, FL 33327

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 P/T ☒ Change ☐ Addition

1.2 NAME SOTO, Santiago  
1.3 STREET ADDRESS 7500 NW 25 Street #239  
1.4 CITY-ST-ZIP Miami, FL 33122

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
700002964277-17  
-08/19/99--01039--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

8/6/99 305-471-7800

Date

Daytime Phone #

CR2E034 (11/98)

KE