Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90196 028 ***150.00

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

DOCUMENT # P97000088951

1. Corporation Name

FRONTIER INTERNATIONAL FORWARDERS, INC.

MAMI FL 33015 MAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date hoopprated or Country	Principal Flace of Business Mailing Address 6073 N.W. 167TH STREET 6073 N.W. 167TH STREET SUITE C-10 SUITE C-10							
10/15/1997 2						IS SPACE		
Sulte, Apt. #. etc. Suite, Apt. #. etc.						10/15/1997		
Sulle, Apt. #. etc. 22 22 23 25 26 26 27 27 28 28 29 29 30 30 29 30 30 30 30 30 30 30 30 30 30 30 30 30	2. Principal P	lace of Business	2a. Mailing Address				⊢	
22	21					65-0789424		
City & State Zip Country Zip Zip Zip Zip Zip Zip Zip Zi						5. Certificate of Status Desired	,	
23	22							
Zip Country Zip Country Zip Country St. This curporation owes the current year Intangleto International Personal Property Tax. International Property Tax. Internation								
25 29 30 Personal Property Tax No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registers d Agent DEL VALLE, LEYLANI 82 Street Andress (P.O. Bo) Number is Not Acceptable) 83 Name 12 Street Andress (P.O. Bo) Number is Not Acceptable) 84 City FL 85 Zip Code 11. Parament to the provisional of Sciences 607.0500 and 607.1508, Florida Statutes, the apportunity of the provisional of both, in the State of Florida, Such change was until noticed by the corporation authorities this statement for the purpose of changing its registered agent. I am if amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Sign		Country		Country	-			
DEL VALLE, LEYLAN 6173 N.W. 167TH STREET SUITE C-10	└	´	——————————————————————————————————————	·		1		□No
DEL VALLE, LEYLANI 6(773 N.W. 1677H STREET SUITE C-10 M.AMI FL 33015 82 Street Aridress (P.O. Box Number is Not Acceptable) 83 Street Aridress (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 11. Pursuant to the provisions of Si-ctions 607.0502 and 607.1508, Florida Statutes, the above-named composition submits this statement for the purpose of changing list registered agent, or boxh, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the approximant as registered agent, and familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DEL VALLE, LEYLANI TITLE OEL VALLE, LEYLANI TITLE OELETE 13. STREET ADDRESS CITY.51.2P 14. CITY.51.2P 13. STREET ADDRESS CITY.51.2P 14. CITY.51.2P OELETE 21. TITLE OELETE 22. TITLE OELETE 33. STREET ADDRESS CITY.51.2P Change Addition Addition AMME STREET ADDRESS CITY.51.2P TITLE OELETE 4. TITLE OELETE 4. TITLE OELETE 33. STREET ADDRESS CITY.51.2P Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Change Change Change Change Change Change Cha				~		10. Name and Address of New Registers	d Agent	
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11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named of reportation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was nuthorized by the corporation's board of circetors. I hereby accept the approximent as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, bywell or primed na on of registered agent agent and life of appricable. (NOT E Reptated Agent agen	MiAi	MI FL 33015		84	City		- 85 Zip C	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporition's board of directors. I nereby accept the apt officient as registered agent, and accept the obligations of, Section 607.0905, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and 8fe of applicable. (NOT E Registered Agent segnature required when renstation) DATE								
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NAME	CITY-ST-ZIP							
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TIME]	CITY-ST-ZIP		☐ DELETE	6.1 TITLE	(- E.IF		Change	Addition

14. hereby certify that the information supplied with this filing does not attailty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or riffy that the information indicater on this annual report of 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 cooperation of the receiver or trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12; or Block 13 if changed on on an attachment with an address, with all other like empowered.

62 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/98)