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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000091759 (5)

## **FILED** Mar 20 1998 8:00am Secretary of State

MAMI	LOGISTIC CEN	IER INC.											<b>J</b>
Principal Plac	ce of Business		Mailing A	Address					1 1 <b>8 DI (UB)</b>	JIĞI EDIJE IDAL	I KAN MAR		U
4050 SW 14 MIAMI FL 33	OTH AVENUE 9175	4050 SW 140TH AVENUE MIAMI FL 33175					DO NOT WRITE	E IN THIS S	SPACE				
								ŀ	3. Date Incorporated or Qualified				
								1	10/24/1997				1
2. Principal F	Place of Business	2a. Mailing Address					1	4. FEI Number		X	Applied F	or	
21		26					ĺ			ř	Not Applic	cable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.7	5 Addition	al	
22		27						6. Certificate of Status Desired	ш	Fee	Required		
City & Sta	le	City & State					ī	6. Election Campaign Financing		\$5.0	0 May Be	,	
23			28						Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip					8. This corporation owes or has pald the current year Intangible				
24	25		29		30				Personal Property Tax due June 30. Yes No				
	9. Name and Ad	dress of Curren	t Registered /	Agent		1			10. Name and Address of New Re	gistered /	Agent		
HE	ernandez, rene					81	Name				•		ļ
40	150 SW 140TH AVE			82 Street Addr			s (P.O. Box Number is Not Acceptate	ole)	~				
MI	IAMI FL 33175			$\perp$									
				83									
					-	84	City				85 Zi	ip Code	<b>—</b> 1
							Oit,			FL		p code	ĺ
office or i	to the provisions of S registered agent, or b am familiar with, and a	oth, in the State	of Florida, Suc	ch change was a	authorized	vd ir	the coro	corporation	ation submits this statement for the p 's board of directors. I hereby accept	ourpose of pt the app	changing pintment	) its registe as register	ered bered
SIGNATURE													
	Signature, typed or printed r					Ager	nt signature	required t	when reinstating)	DATE	DUDGOT	000 00 44	6
12.	D	OFFICERS AND	DIRECTORS	DELETE	13.		<del></del>		ADDITIONS/CHANGES TO OFFIC	JERS AND	Chang		2
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NAME	***************************************			1.2 N			[						186
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NAME	HERNANDEZ, F				2.2 NA								
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TITLE				Deterit	6.1 T/T						— Ammilia		u,norr
NAME CTREET +OPPIECE					6.2 NA		IDODESS						Ī
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	ertify that the informa	tion supplied wit	th this filing do	es not qualify fo	6.4 CIT			d in Se	ction 119 07(3Vi) Florida Statutes I	further cer	tify that th	ne informa	tion

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.