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PROFIT CORPORATION ANNIJAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherir e Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90125 024 ***150.00

DOCUMENT # P97000097949

UNITED FREIGHT CONSOLIDATORS. INC.

3401-G NW 72ND AVE MIAMI FL 33122 US

Mailing Address

3401-G NW 72ND AVE MIAMI FL 33131-2816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed <u>11/18/1997</u> 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NW 72 Avenue 65-0797593 Not Applicable 3405 B NW72 Avenue 3405 B \$8.75 Additional Suite, Ap . #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & Strite 6. Election Campaign Financing \Box FL MiAni Trust Fund Contribution Added to Fees MIAM 23 33122 Country Count y 8. This corporation owes the current year Intangible []No Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREEN, JONATHAN H Street Address (P.O. Box Number is Not Acceptable) C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA SUITE 700 83 MIAMI FL 33131-2816 Zip Ccde 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coloration 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, Fix rida Statutes. (NOTI : Registered Agent signature required when reinstating) Signature, typed or printed nar ie of registered agent, and title if applicable ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE 12 NAME HORMANZABAL, FREDDY NAME 3401-G-NW 72ND AVE 1.3 STREET ADDRESS STREET ADDRE 3S MIAMI-FL-33122 = 14 CITY-ST-ZIP CITY-ST-ZIP ----Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 41TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDR :SS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 chapter 1, by on an attachment with an address, with all other like empowered

SIGNATURE:

HORDAZABAL

CR2E034