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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000108569 1. Corporation Name

VAI FREIGHT FORWARDING, INC.

| Prin | cipa | i Piac | e of | Business |
|------|------|--------|------|----------|
| 0007 | | Anno | СТ | |

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90145 005 ***150.00



| Principal Place | e of Business | Malling Address | | | Ì | | | | |
|----------------------|---|--------------------------------------|--------------------------|--------------------------------|---|---|------------------------|--|--|
| 8807 NW 23RD | ST | 8807 NW 23RD ST | | | | | | | |
| MIAMI FL 33172 | ! | MIAMI FL 33172 | | | DO NOT INDITE IN THE | 00405 | | | |
| | | | | | DO NOT WRITE IN THIS | SPACE | | | |
| ı | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 12/22/1997 | | 1 0 - 1 5 - 1 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | ⊢ | Applied For | | |
| 21 | | 26 | | | 65-0806366 Not Applicabl | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| 22 | | 27 | | | | | | | |
| City & State | | City & State | | 6. Election Campaign Financing | | .00 May Be | | | |
| 23 | | Zip Country | | | Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | Zip | n ''' ' | | 8. This corporation owes the current year Intangible Personal Property Tax | | | | |
| 24 | 25 | 29 30 | <u>'l</u> - | | Personal Property Tax. | | | | |
| _ | g. Name and Address of Current | t Registered Agent | 81 | Name | 10. Name and Address of New Registered | Agent | | | |
| TATI | CU DUILID | | 01 | Name | | | | | |
| | CH, PHILIP | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | | |
| | N MAITLAND AVE, STE 340 | | <u></u> | | <u></u> | | | | |
| MALL | LAND FL 32751 | | 83 | | | | | | |
| | | | 84 | City | | 85 | Zip Code | | |
| | | | | | | - 1 | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes, | the above | e-named corp | poration submits this statement for the purpose of on's board of directors. I hereby accept the appo | changin | ng its registered | | |
| agent, l'ar | egistered agent, or both, in the State of memory and accept the obligat | tions of, Section 607.0505, Florida | Statutes | | OITS BOARD OF DIRECTORS. I HOLEBY ACCOUNT THE OPPO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 35 / 0 9 :5:5:5 | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: Re | gistered Ager | nt signature require | ed when reinstating) DATE | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AT | | | | |
| TITLE | SD | ☐ DELETE | 1.1 TITLE | | | Cha | inge 🗀 Addition | | |
| NAME | KELLY, EDWARD A | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 8807 NW 23RD ST | | 1.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33172 | | 1.4 CITY-S | T-ZiP | | | | | |
| TITLE | Р | ☐ DELETE | 2.1 TITLE | | | ☐] Cha | inge 🗌 Addition | | |
| NAME | ASHER, MITCHELL E | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 8807 NW 23RD ST | | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33172 | | 2.4 CITY-9 | ST-ZIP | | | | | |
| TITLE | THE GOTTE | ☐ DELETE | 3.1 TITLE | | | ☐ Cha | inge Addition | | |
| NAME | | _ | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREE1 | ADDRESS | | | | | |
| | | | | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 3.4. CITY-5 4.1 TITLE | 1- EIF | | Cha | ange | | |
| | | | 4. 2 NAME | | | _ | | | |
| NAME | | | | - +DDDCC00 | | | | | |
| STREET ADORESS | ٠. | | 4.3 STREET | | | | | | |
| CITY-ST-ZIP | | [7] DE) EXE | 44 CITY-S | 1-ZIP | | ☐ Cha | inge Addition | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | 90 [] A0011011 | | |
| NAME | | - | 5.2 NAME | FADODECC | | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | \ | | Cha | ange | | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | r address | | | | | |
| CITY ST 710 | | | 64 CITY-S | T-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 frustee 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 inhaltachment with an address, with all other like empowered. LOW AND KILLY