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 # P98000010506 ^b

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90184 017 ***150.00

ING LOG	GISTICS EXPRESS, INC.													
Principal Place	e of Business	Mailing Address						E INCHINE ILL	10101 IBNG 001	() Ga lli Ga lli Ga ll		141 68 41 0 8 11	II FWBF	
8271 NW 64TH STREET 8271 NW 64TH STREET														
MIAMI FL 33166 MIAMI FL 33166								DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or Qualifed						
						"			SO OF GOLIII	icu			ļ	
2. Principal Place of Business 2a. Mailing Address								02/03/1998 4. FEI Number					or	
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Suite, Apt.	WW 64 STREET #. etc.	Suite, Apt. #, etc.										Addition		
	4 + 3	27				5.	. Cert	ifcate of Sta	itus Desired	d 🗆	Fee	Required	·	
City & Stat	e .	City & State				6.	. Elec	tion Campa	ign Financi	ng 🖂	\$5.0	0 May B	Se -	
23 HIAM	11 FLOMAR	28					Trus	t Fund Con	tribution		Adde	d to Fees	5	
Zip.	Country	Zip	Cou	ıntry		8.	This	corporation	owes the	current year li		_		
24 33/6	66 25 USA	29	30					sonal Proper			Yes	No		
	9. Name and Address of Curren	nt Registered Agent		 		10	. Nan	ne and Add	iress of Ne	w Registered	Agent			
	WA MILTON			81	Name								ļ	
AMAYA, MILTON 8271 NW 64TH STREET					Street A	et Address (P.O. Box Number is Not Acceptable)						,		
MIAI	MI FL 33166			83									1	
				84	City						85 Z	p Code		
	to the provisions of Sections 607.050									F	<u> </u>			
SIGNATURE	Signature, typed or printed name of registered ages		Registered		t signature re				ANGES TO	DATE OFFICERS A	ND DIREC	TORS IN	12	
TITLE	OFFICERS AND DIRECTORS DELETE							ay /se			Chang		Addition	
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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:

S. Dinecron

04-08-99

305-477 2922