

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90016 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043583

DELTA FREIGHT, INC



Principal Place of Business

7995 W 29 WAY - 101
Hialeah FL 33018

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
5/12/98

FEI Number
65-08036474

Applied For
Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

This corporation owes the current year intangible
Personal Property Tax. Yes No

1. Principal Place of Business
Delta Freightline

2a. Mailing Address
P.O. Box 12648

Suite, Apt. #, etc.
7995 W 29 WAY 101

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip Country
33018 Dade

Zip Country
33012 Dade

9. Name and Address of Current Registered Agent

ANA BELLE BOGANLOS
7995 W 29 WAY 101
HIALEAH FL 33018

10. Name and Address of New Registered Agent

81 Name ANABELLE BOGANLOS
82 Street Address (P.O. Box Number is Not Acceptable)
7995 W 29 WAY 101
83
84 City Hialeah FL 33018

4-27-99-

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (or offices) in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when relocating)

12. OFFICERS AND DIRECTORS

TITLE	ANABELLE BOGANLOS	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	7995 W. 29TH WAY 101	
CITY-ST-ZIP	HIALEAH, FL, 33016	
TITLE	PASTOR MORENO	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT	
STREET ADDRESS	7995 W. 29TH WAY 101	
CITY-ST-ZIP	HIALEAH, FL, 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL BANKS TO CHANGES AND DIRECTORS IN 12	
11 TITLE	President
12 NAME	ANABELLE BOGANLOS
13 STREET ADDRESS	7995 W 29 WAY 101 HIALEAH
14 CITY-ST-ZIP	FLA 33016
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 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, or on an attachment with an address, with all other like empowered.