## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 20, 1999 8:00 am Secretary of State

08-20-1999 90005 029 \*\*\*550.00

DOCUMENT # P9800047349  1. Corporation Name INTER-FLORIDA CONTAINER TRANSPORT, INC.							-	EE JIJJI BJOJE (EIJ IEE)	
Driver at Class	o of Durings	Mailing A	ddroop						
Principal Plac									
5650 W 21ST AVE 5650 W 21ST AVE HIALEAH FL 33016 HIALEAH FL 33016									
	-						DO NOT WRITE IN THIS SPACE	E	
							3. Date Incorporated or Qualified		
		1 2 11 11					05/27/1998 4. FEI Number	Applied For	
2. Principal Place of Business		2a. Mailing Address 26					65-0843639   Not Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional		
22		27					5 Certificate of Status Desired     '	ee Required	
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	28				Trust Fund Contribution  Added to Fees		
Zip	Country	Zip			intry		8. This corporation owes the current year		
24	25	29		30			Intangible Personal Property. Yes	,,,	
	9. Name and Address of Curre	nt Registered A	Agent		81	Name	10. Name and Address of New Registered Agent		
DE (	DLIVEIRA, CRISTINA					Name			
	LE JEUNE RD, STE 345					Street Add	fress (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134				83				
					Ш				
					84	City	FL  85	Zip Code	
office or	t to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Suc	ch change was a	authorize	d by t	arned corpo he corporat	oration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment	t as registered	
SIGNATURE							JULY 23,	1999	
12.	Signature, typed or printed name of registered ago	nt and title if applicab		DTE: Registe	ared Age	ent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIR	PECTORS IN 12	á
TITLE	PD	ND DIRECTOR	DELETE	1.1 TF	TLE			nange Addition	00/2/
NAME	TORRES, MERCEDES		DELETE	1.2 N	AME	Į	ب ا		2
STREET ADDRESS	5650 W 21ST AVE			1.3 ST	REETA	DORESS			Č
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CI	TY-ST-Z	‼P			ò
TITLE	TSD DELETE		2.1 TI	2.1 TITLE		☐ cr	nange Addition	`	
NAME	DIAZ, LEONEL			2.2 NA	ME	ļ			
STREET ADDRESS	5650 W 21ST AVE			2.3 ST	REETA	DDRESS			
CITY-ST-ZIP	HIALEAH FL 33016	-		2.4 CI	TY-ST-Z	(iP			
TITLE			DELETE	3.1 TI			[] cr	nange Addition	
NAME				3.2 NA		}		1	
STREET ADDRESS				ı ı		DDRESS			
CITY-ST-ZIP			<u> </u>	_	TY-ST-Z	IP			
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NAME						DDRESS		)	
STREET ADDRESS					TY-ST-Z				
CITY-ST-ZIP			DELETE	5.1 TF			Пс	nange Addition	
NAME				5.2 NA			<u></u> 4		
STREET ADDRESS				1		DDRESS		)	
CITY-ST-ZIP				5.4 CI	TY-ST-Z	IP _			
TITLE			DELETE	6.1 T/	TLE		Cr	nange Addition	
NAME				6.2 NA	AME				
STREET ADDRESS				6.3 ST	REETA	DORESS			
	1							1	

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 any attachment with an address.

SIGNATURE:

SUPPLIED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/1999

Daytime Phone #

828-0646