

75-19-1999 90020 007... 600.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.00


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060469
 1. Corporation Name
DANGEROUS GOODS PACKAGING AND DISTRIBUTORS, CORP

Principal Place of Business 6921 N.W. 87TH AVENUE MIAMI FL 33178	Mailing Address 6921 N.W. 87TH AVENUE MIAMI FL 33178
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DO NOT WRITE IN THIS SPACE

59 NOV 29 07:12:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified
07/08/1998

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SILVA, ALFREDO
6921 N.W. 87TH AVENUE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVA, ALFREDO	
STREET ADDRESS	6921 N.W. 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROMERO, FRED	
STREET ADDRESS	1651 N.W. 68TH AVENUE SUITE 201	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 employees.

SIGNATURE: _____ *Pro. Ant. 60/512-4422 5/1/99*

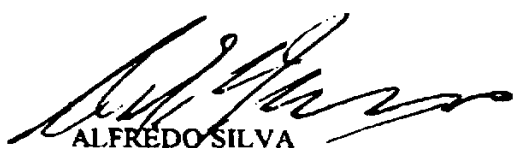
TO: FLORIDA DEPT. OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314

11-24-99

REF: 1. DANGEROUS GOODS PACKAGING & DISTRIBUTORS CORP. *p98*
2. EXPEDITED FREIGHT SYSTEMS, INC.
3. TRANSPRO LOGISTICS, INC.

TO WHOM IT MAY CONCERN:

ON 10-28-99 AN AMENDMENT WAS SUBMITTED TO YOUR OFFICE TO BE PROCESSED FOR TRANSPRO LOGISTIC, INC. DOC.#P98000075365 BUT DOCUMENT WAS RETURNED FOR THE FOLLOWING REASON CORPORATION WAS ADMINISTRATIVE DISSOLVED FOR ANNUAL REPORT. MY OFFICE NEVER RECEIVED THE ORIGINAL DOCUMENT NOR REJECT LETTER CONCERNING THIS MATTER THEREFORE PLEASE ACCEPT THE ENCLOSED COPIES OF THE ANNUAL REPORTS TO BE FILED INSTEAD WITH NECESSARY CORRECTIONS. IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.


ALFREDO SILVA
PRESIDENT

attn: Loria Poole