09071999-90012-042-$550.00-$550.00

9.

AMOUNT DUE ON OR BEFORE 05/1/1999: $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
99 SEP 27 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089459

Corporation Name

HOUSE TO HOUSE INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
NW 25 STREET STE 209 M FL 33122	7500 NW 25 STREET STE 209 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1998

Principal Place of Business	2a. Mailing Address
2235 NW 79 AVENUE	26 2235 NW 79 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State: MIAMI, FLORIDA	City & State 28: MIAMI, FLORIDA
Zip: 33122 Country 25: USA	Zip 29: 33122 Country 30: USA

4. FEI Number: 65-0871422 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VILLANUEVA, SCOTT
7500 NW 25 STREET STE 209
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: ANDRES SARA
82 Street Address (P.O. Box Number is Not Acceptable): 2235 N.W. 79 AVENUE
83 City: MIAMI FL 33122
84 City: FL 85 Zip Code: 33122.

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: ANDRES SARA — 8/30/99
Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change	☒ Addition
	1.2 NAME	OSCAR CLIBANI		
ADDRESS	1.3 STREET ADDRESS	2235 NW 79 AVENUE		
T-ZIP	1.4 CITY-ST-ZIP	MIAMI, FL 33122		
☐ DELETE	2.1 TITLE	MANAGER	☐ Change	☒ Addition
	2.2 NAME	ANDRES SARA		
ADDRESS	2.3 STREET ADDRESS	2235 NW 79 AVENUE		
T-ZIP	2.4 CITY-ST-ZIP	MIAMI, FL 33122		
☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
	3.2 NAME			
ADDRESS	3.3 STREET ADDRESS			
T-ZIP	3.4 CITY-ST-ZIP			
☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
	4.2 NAME			
ADDRESS	4.3 STREET ADDRESS			
T-ZIP	4.4 CITY-ST-ZIP			
☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
	5.2 NAME			
ADDRESS	5.3 STREET ADDRESS			
T-ZIP	5.4 CITY-ST-ZIP			
☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
	6.2 NAME			
ADDRESS	6.3 STREET ADDRESS			
T-ZIP	6.4 CITY-ST-ZIP			

TS

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED — 8/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #