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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000098033

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90013 047 ***150.00

1. Corporation Name					
INTERNA	ational forwarders inc	;		4 10011001 119 40191 18111 00111 00111 00111 00111	. 18181 18191 88188 2018 1813 1881
Principal Place of Business Mailing Address					
501-C INDUSTRIAL ST. 501-C INDUSTRIAL ST.					
LAKE WORTH FL 33461 LAKE WORTH FL 33461				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	JOFAGE
				11/18/1998	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	,	26			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Otalias Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible No
24	25	17.7	30	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name		1
-LATWELL; OHRISTOPHER t) \	TWELL, CHRISTOPHER	
7541 KINGSLEY CT.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E WORTH FL 33467		83		
			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607,0502	and 607,1508. Florida Statute	s, the above-named cor	moration submits this statement for the nurrose of	f changing its registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was at	Junorized by the corporat	ion's board of directors. I hereby accept the appo	intment as registered
-	ım tamıllar willi, and accept the obligati	ions or, Section 667.0303, Flor	joa Cialdies.		Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Mesident,	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTOPHER L.		1.2 NAME		
STREET ADDRESS	7501 KINGSLEY C		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WOORTH, FL	<u>, 38467</u>	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TfTLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP_		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME		–
NAME	1		3.3 STREET ADDRESS		
STREET ADORESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	.)		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		,	6.2 NAME		
STREET ADDRESS	:]	1	6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing floes 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 supplied a familiar 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 his section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied a familiar 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 his section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or supplied with an 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 his section of the corporation of the corporation

SIGNATURE:

REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR