PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90219 045 ***150.00

1. Corporatio	I 9000 I A INTERNATIONAL LOGISTI							
Principal Place of Business Mailing Address								
1454 SW 134TH PLACE 1454 SW 134TH PLACE								
MIAMI FL 33184 MIAMI FL 33184								
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		
						12/04/1998		
	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21 706C	<u>-</u> <u>-</u>	26				65-0906389		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		City 9 State						<u>-</u>
City & Stat	ini FL	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
zip 24 331	66 25 Miami-Dade	Zip 29 3	Country 0	/		This corporation owes the current year Personal Property Tax.	☐ Yes	TÉN0
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
14554			81	Name				
KENNEDY, WILLIAM J			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
1454 SW 134TH PLACE				1.100	$\varphi \bigcirc$	NW 52nd St		
MIAM	l FL 33184		83	i				
			84	City		<u> </u>	. 85 Zip C	Code
				m	iar		L 33	Code S ((a (a
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida 				the corpo	corpor oration	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its jointment as req	registered gistered
SIGNATURE	and the state of t							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re			egistered Age	nt signature n	equired w	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE			1.1 TITLE				Change Change	☐ Addition
NAME	KENNEDY, WILLIAM J		1.2 NAME		~ ~	060 NW 52nd St		}
STREET ADDRESS	1454 SW 134TH PLACE 1.		1.3 STREE					
CITY-ST-ZIP						iami, FL 33166		
TITLE	D DELETE 2.1 TI		2.1 TITLE	2.1 TITLE			Change	☐ Addition
NAME	CARNES, CAROL 22		2.2 NAME					ľ
STREET ADDRESS	P.O. BOX 635		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	THE THE PERSON NAMED IN COLUMN TO TH		2. 4 CITY-ST-ZIP			<u></u>		<u> </u>
TITLE	☐ DELETE 3.1 T		3.1 TITLE				☐ Change	☐ Addition
NAME	3.2		3.2 NAME					
STREET ADDRESS	RESS		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	MLE		•	☐ Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					Ì
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		para.	5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	ļ			Change	☐ Addition
NAME			6.2 NAME					
CTREET ARRESS	1		■ 63 STREE	TADORESS I	ı			Υ

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 empowered.

6.4 CITY-ST-ZIP

8436813205

CR2E034 (11/98)

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