LEGOND 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

Principal Place of Business

GONZALEZ, DON

Suite, Apt. #, etc.

City & State

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000103587

Country

9. Name and Address of Current Registered Agent

25

9050 PINES BLVD STE 450-F PEMBROKE PINES FL 33024

VALLEY FREIGHT CONSOLIDATORS, INC.

Mailing Address Principal Place of Business 2025 NW 102 AVE UNIT 109 NW 102 AVE UNIT 109 وَحَرَةُ FL 33172 **MIAMI FL 33172**

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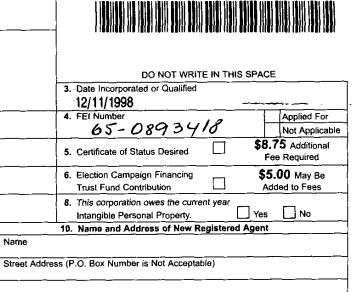
Mailing Address

Suite, Apt. #, etc.

City & State

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90006 011 ***550.00



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

Country

81 Name

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84 City

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agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE						$\overline{}$					ı
			E: Registered Agent signature required when reinstation DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I								ģ
12	OFFICERS AND DIRECTORS	; 	13.		VIONS/CHANG	ES TO OFFI					5,0
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NAME	RINCON, JOSE R		1.2 NAME		X4/		,	1			F034
STREET ADDRESS	2025 NW 102 QVE UNIT 109		1.3 STREET ADDRESS		/:/	100	har	7			R
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP					<u> </u>			18
TITLE	SD	DELETE	2.1 TITLE				□ c	hange		ddition	j –
NAME	SIERRA, VICTOR		2.2 NAME								
STREET ADDRESS	2025 NW 102 QVE UNIT 109		2.3 STREET ADDRESS	ļ							1
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP								
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CITY-ST-ZIP			3.4 CITY-ST-ZIP								1
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CITY-ST-ZIP			5.4 CITY-ST-ZIP-	-							-
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NAME			6.2 NAME								ĺ
STREET ADDRESS		\	6.3 STREET ADDRESS								
C/TY-ST-ZIP		_1	6.4 CITY-ST-ZIP								Į

I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or or

SIGNATURE: