

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

PROFIT
CORPORATION
ANNUAL REPORT
1997 *2000*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *97 2000*

DOCUMENT # **S73805** (1)

1. Corporation Name

THE FREIGHT STATION INCORPORATED

Principal Place of Business

**7440 N.W. 79TH STREET
MEDLEY FL 33166**

Mailing Address

**7440 N.W. 79TH STREET
MEDLEY FL 33166-7535**

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

**SEVIN, NORMAN M
2550 DOUGLAS ROAD, SUITE 300A
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

Gerhardt A. Schreiber

82 Street Address (P.O. Box Number is Not Acceptable)

2222 Ponce de Leon Blvd.

83

Penthouse

84 City

Coral Gables,

FL

85 Zip Code

33134

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

DA Schreiber
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/00

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	ESTRADA, JOSE C	7440 N.W. 79TH STREET	MEDLEY FL 33166	<input type="checkbox"/>
VPD	ESTRADA, MARIA C	7440 N.W. 79TH STREET	MEDLEY FL 33166	<input type="checkbox"/>
TD	ALONSO, RAMON M	7440 N.W. 79TH STREET	MEDLEY FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

400003137504-7

02/16/00 01058-011
*****1200.00 ***1200.00**

14. I do 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:

DA Schreiber
Signature, typed or printed name of registered agent and title if applicable.

2/4/00 305-884-8070
DATE DAYTIME PHONE #

CR2E034 (9/96)