

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V12127** (9)

1. Corporation Name

SOUTH AMERICAN FREIGHT INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**6142 NW 74 AVENUE
MIAMI FL 33166
US**

**6142 NW 74 AVENUE
MIAMI FL 33166
US**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**PEREZ, MARILU
6110 N.W. 74 AVE.
MIAMI FL 33166**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE	PT	[] DELETE
NAME	PEREZ, MARILU	
STREET ADDRESS	6142 NW 74 AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	[] DELETE
NAME	BERMUDEZ, MARIA ANTONIET	
STREET ADDRESS	6142 NW 74 AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2. TITLE	[] Change [] Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3. TITLE	[] Change [] Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4. TITLE	[] Change [] Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6. TITLE	[] Change [] Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnishes and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 insurer or trustee or employee; I do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or on an addition thereto with an asterisk.

SIGNATURE: **MARILU PEREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-1996

(305) 471-8188

CR2E034 (12/95)