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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(9)

SOUTH AMERICAN FREIGHT INTERNATIONAL, INC.

	, ratici iic	With Theight W		W.E., 1110.								
Principal Place	e of Busines	s	Mailing	Address	•			] ''**	))  W1189  11914  1460  11818  1911	1881 81811 8181	11 <b>01011 01011 010</b>	
6142 NW 74	AVENUE		6142	6142 NW 74 AVENUE				Į				
MIAMI FL 331	166			MIAMI FL 33166			DO NOT WRITE IN THIS SPACE					
US			U\$			3. Date Incorporated or Qualified						
								1	06/1992	•		
2. Principal Pi	lace of Busin	ness	2a. Ma	iling Address		-		4. FEI NU			TA <sub>I</sub>	pplied For
21			26	— ·				65	-03 12028		<del>  </del>	ot Applicable
Suite, Apt	#, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27	27				a. Cenini	cate of Status Desired		Fee R	equired
City & State	8		Cit	City & State				6. Election	on Campaign Financing		\$5.00	May Be
23			28					<del></del>	Fund Contribution			to Fees
Žip	Country		Zip	Zip		Country			orporation owes or has p			
24		25	29		30	<b>,</b>			nal Property Tax due Jur			☐ No
		and Address of Cur	rent Registere	d Agent		81	Name	10. Name	and Address of New F	19gistefed	Agent	
	rez, mar					"	Name					
	10 N.W. 74					82	Street Addre	ss (P.O. Bo	x Number is Not Accept	able)		
MI	AMI FL 33	166				83				<del></del>		
						03	6142	D.W.	747H AUENU	ستعا		
						84	City				85 Zip	Code 166
			100 1007	ron Flatte Out		L	Li	9111	its this statement for the	FL	<u>-   33</u>	te registered
11. Pursuant to office or re	to the provis egistered as	sions of Sections 607,0 gent, or both, in the St	ate of Horida. S	508, Florida Statu Such change was	authorize	d by	the corporation	on's board o	nits this statement for the fidirectors. I hereby acc	ept the apr	pointment as	s registered
agent. I a	m familiar w	ith and accept the ob	ations of, Se	ction 607.0505, F	lorida Sta	tutes		1 ~	$\mathcal{I}$	. •	1011	00
SIGNATURE	X			- HRIII	1/2/	} ≥	nt signature require	den	<i>[</i> -	V CATE	1011	70
12.	Signature, types	OFFRS	AND DIRECTO		13.	an whe	an a griatore require		ONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	PT	J. 1 102.10		DELETE	1.1 T	TLE					Change	Addition
NAME		, MARILU			1.2 N	IAME						
STREET ADDRESS		W 74 AVENUE			1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI				1.40	HTY-S	IT-ZIP					
TITLE	V			DELETE	2.1 T	ITLF					☐ Change	Addition
NAME	BERMU	IDEZ, MARIA ANTO	NIET		2.2 N	IAME						
STREET ADDRESS	6142 N	IW 74 AVENUE			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MAM	FL			2.4 (	CITY-S	ST-ZIP					
TITLE				DELETE	3.1 T	ITLE					Change	Addition
NAME					3.2 N	AME						
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY - ST - ZIP						CITY - S	ST - ZIP				77 2	g 2 404 c
TITLÉ				[_] DELETE		ITLE	1				Change	Addition
NAME					4. 21	NAME						
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP						CITY-S	ST-ZIP				Chance	A Addition -
TITLE				☐ DELETE		ITLE					Change	Addition
NAME						IAME						
STREET ADDRESS					4		ADDRESS					
CITY-ST-ZIP	<u> </u>			Dri eve	_	CITY-S	ST-ZIP				Change	Addition
TATLE				☐ DELETE		ITLE					T mande	Addition
NAME						VAME						
STREET ADDRESS					1		ADDRESS					
CITY OT 710	I				640	HTY-S	31-71P					

14. Thereby 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 alfactiment with an address.

**FILED** 

Apr 01 1998 8:00am

Secretary of State