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

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an

FILED PROFIT Jan 30 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V25957 ALVAREZ FREIGHT FORWARDING SERVICES, INC. Principal Place of Business Mailing Address 8255 NW 64TH STREET 8251 NW 64TH ST MIAMI FL 33166 MIAM! FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1992 20. Mailing Address 2. Principal Place of Business 4. FEL Number Applied For 65-0322869 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALVAREZ, NESTOR 14004 SW 55TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 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 of the corporation of the **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of rog stered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE ALVAREZ, NESTOR 1.2 NAME NAME **14004 SW 55TH STREET** 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY - ST-ZIP CITY-ST-ZIP SD DELETE Change Addition TITLE 2.1 TITLE ALVAREZ, GLORIA 2.2 NAME **14004 SW 55TH STREET** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

Itachment with an address.

6.4 CITY-ST-ZIP 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

1/12/02