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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41827

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GLOBAL FREIGHT FORWARDERS, INC.

FILED
May 08 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address						
4260 NW 1ST AVE BAY AREA #49 BOCA RATON FL 33431 US		4260 NW 1ST AVE BAY AREA #499 BOCA RATON FL 33431-4235 US				
				Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 04/08/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0338636	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
City & State	e	City & State	· 		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	21p Count		у	8. This corporation has liability for i	n/angible tax under s. 199.032, // Yes 🏻 No
g. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent		
RAFAEC, RAMIREZ F				81 Name		
426	NW 1ST AVE BAY AREA 49 AREA #49		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33431		83			
			84	1 "		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607.1508, Florida Statut ito of Florida. Such change was r igations of, Section 607.0505, Flo	es, the above authorized borida Statute	e-named corr y the corporal is.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registored at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	agont and title if applicable. (NOT	E Registered Ag	jent signature requi	red whon reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD RAFAEL	☐ DELETE	1.1 TITLE		:	Change Addition
NAME	RAMIREZ, RAFIA		1.2 NAME			
STREET ADDRESS	4260 NW 1ST AVE BAY 49		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY -	ST-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			_
STREET ADDRESS			2.3 STREE	T ADDRESS	İ	
CITY-ST-ZIP			2. 4 CITY-	-ST - ZIP		
TITLE	L_J DELETE		3 1 TITLE			Change
NAME			32 NAME	Į.		
STREET ADDRESS			3 3 \$1 HEE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-			Observe Control
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	1		
STREET ADDRESS			\$.3 STREE	T ADDRESS		
CITY-\$1-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	1		6.2 NAME			
STREET ADDRESS	i,	_	6.3 STREE	T ADDRESS		

14. I do hereby certify that the information supplied with this hing 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 of the receiver of visitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attrichment with an address.