REINSTATEMENT $900.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 17 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59885

1. Corporation Name

GULFSTREAM FREIGHT SERVICES, INC.

Principal Place of Business	Mailing Address
3575 NW 60TH STREET MIAMI, FLORIDA 33142	3575 NW 60TH STREET MIAMI, FLORIDA 33142

REINSTATEMENT 98-99

3. Date Incorporated or Qualified: 08/24/92

4. FEI Number: 65-0363218 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 3575 NW 60TH STREET	26 3575 NW 60TH STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 Zip 33142 — 25 Country US	29 Zip 33142 — 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MARY GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable): 15280 SW 153RD STREET
83
84 City: MIAMI — FL — 85 Zip Code: 33147

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: Mary Gonzalez — DATE: 5-14-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	D DAVID GONZALEZ	12 NAME	
STREET ADDRESS	15280 SW 153RD STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33147	14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	D MARY GONZALEZ	22 NAME	
STREET ADDRESS	15280 SW 153RD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****900.00 ****900.00

14. I 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, with all other like empowered.

SIGNATURE: president. 5/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (11/98)