

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

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000040365 (5)**  
 1. Corporation Name  
**LOGISTICS INTERNATIONAL, INC.**



Principal Place of Business: **4075 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146**  
 Mailing Address: **4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146-2113**

3. Date Incorporated or Qualified: **05/19/1995**  
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business  
 21 **4445 N.W. 97th Ave**  
 Suite, Apt. #, etc.  
 22  
 City & State: **Miami, FL**  
 Zip: **33178** Country: **USA**  
 2a. Mailing Address  
 26 **4445 N.W. 97th Ave**  
 Suite, Apt. #, etc.  
 27  
 City & State: **Miami, FL**  
 Zip: **33178** Country: **USA**

4. FEI Number: **65-0605578**  
 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent  
**DUNWODY, W.E. III**  
**4875 PONCE DE LEON BLVD.**  
**SUITE 305**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
 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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DUNWODY, W.E. III</b>
STREET ADDRESS	<b>4875 PONCE DE LEON BLVD. STE 305</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CIERO, JOSEPH A</b>
STREET ADDRESS	<b>18434 NW 13TH ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, CARLOS A</b>
STREET ADDRESS	<b>9120 SS 157TH PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D CIERO JOSEPH A.</b>
2.3 STREET ADDRESS	<b>18434 N.W. 13th St.</b>
2.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VP/D SANCHEZ CARLOS A.</b>
3.3 STREET ADDRESS	<b>9120 S.W. 157th PLACE</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33196</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 executor 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CP2E034 (9/96)