

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013726

Entity Name: D. L. INTERNATIONAL LOGISTICS INC.**Current Principal Place of Business:**2020 NW. 129TH AVENUE, UNIT 208
MIAMI, FL 33182**Current Mailing Address:**2020 NW. 129TH AVENUE, UNIT 208
MIAMI, FL 33182**FEI Number:** 48-1299369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LEON, FERNANDO
2020 NW. 129TH AVENUE, UNIT 208
MIAMI, FL 33182 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	DE LEON, JOSE A
Address	2020 NW. 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	AS
Name	DE LEON, SANDRA
Address	2020 NW. 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	T
Name	DE LEON, ANDRES
Address	2020 NW. 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	T
Name	DE LEON, VINICIO
Address	2020 NW. 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	P
Name	DE LEON, FERNANDO
Address	2020 NW. 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	VP
Name	DE LEON, ALFREDO
Address	2020 NW 129TH AVENUE, UNIT 208
City-State-Zip:	MIAMI FL 33182

Title	T
Name	DE LEON, MARIA A
Address	2020 NW 129TH AVE UNIT 208
City-State-Zip:	MIAMI FL 33182

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO DE LEON**PRESIDENT****03/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date