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NONPROFIT CORPORATION ∠ ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 703023**

1. Corporation Name

## FILED Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90011 024 \*\*\*\*61.25

(305) 871-7177

| THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC.  |  |                                       |                |                    |                             | nsnånt                                      | 'AARAIT.         | <u>ጎቤ</u> ቦቸል ተ፫ <sub>ሞ</sub> |               | · · ·                  |               |
|---|--|---------------------------------------|----------------|--------------------|-----------------------------|---|------------------|-------------------------------|---------------|------------------------|---------------|
| Principal Place of Business Mailing Address 5600 N.W. 36TH STREET P.O. BOX 522022 SUITE 611 MIAMI FL 33152 MIAMI LAKES FL 33166   |  |                                       |                |                    |                             |   |                  |                               |               |                        |               |
| 2. Principal Place of Business 2a. Mailing A  |  |                                       | alling Address |                    |                             | 3. Date Incorporated or Qualifed 10/16/1961 |                  |                               |               |                        |               |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                   |                |                    | 4. FEI Number<br>59-2103610 |   |                  |                               | · <del></del> | Applied For            |               |
| City & Stat   |  | City & State                          |                |                    |                             |   |                  |                               | \$8.75        | Additional<br>Required |               |
| Zip   | Country  | Zip 29                                | Country 30     |                    |                             | 1 - 1 - 1                                   |                  |                               |               |                        | May Be        |
| -   | 9. Name and Address of Current R                         | _ <del></del>                         | 1001           | Τ                  |                             |   | nd Address of    | New Re                        | gistered /    |                        |               |
|   |  |                                       |                | 81                 | Name                        |   |                  |                               | <u> </u>      |                        |               |
| FCBF<br>5600 N.W. 36TH STREET   |  |                                       |                | 82                 | Street Addre                | ess (P.O. Box Number is Not Acceptable)     |                  |                               |               |                        |               |
| SUITE 61  |  |                                       | 83             |                    |                             |   |                  | <del></del>                   | <del></del> _ | <del></del>            |               |
| MIAMI SPRINGS FL 33166  |  |                                       |                |                    |                             |   |                  |                               |               | <del></del>            |               |
| MIMMI SPRINGS FL 33100  |  |                                       |                | 84                 | City                        |   | •                |                               | FI            | 85 Zip                 | Code          |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, t   |  |                                       |                |                    | named corpo                 | ration submits                              | this statement f | or the p                      | urpose of     | changing it            | is registered |
| 11. Pursuant to the provisions of Sections 617,9502 and 617,1508, 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 617,0503, Florida Statutes. |  |                                       |                |                    |                             |   |                  |                               |               |                        |               |
| 1   | Man) Sulla   |                                       |                |                    |                             |   |                  |                               | ry 4,         |                        | • _           |
| SIGNATURE   | Signature, typed or printed name of registered egent and | d title if applicable. (NOT           | E: Registered  | d Agent :          | signature required          | strator                                     |                  |                               | DATE          |                        |               |
| 12.   | OFFICERS AND D   |                                       | 13.            |                    |                             | ADDITIO                                     | NS/CHANGES T     | O OFF                         | ICERS AN      |                        |               |
| TITLE   | PD   | ☐ DELETE                              | 1.1 T          | TTLE               |                             |   |                  |                               |               | ☐ Change               | Addition      |
| NAME  | PEDRAZA, RAUL  |                                       | 1.2 N          | IAME               | ł                           |   | •                |                               |               | •                      |               |
| STREET ADDRESS  | •  |                                       |                | 1.3 STREET ADDRESS |                             |   |                  |                               |               | ٠.                     |               |
| CITY-ST-ZIP   | MIAMI LAKES FL 33166                                     |                                       | 1.40           | TY-ST-             | ZIP                         |   |                  |                               |               | <u> </u>               |               |
| TITLE   | VPO  | ☐ DELETE                              | 21 T           | TILE               | ĺ                           |   |                  |                               |               | ☐ Change               | Addition      |
| NAME  | DE TUYA, JORGE   |                                       | 2.2 N          | IAME               |                             |   | . ,              |                               |               |                        |               |
| STREET ADDRESS  | 5600 N.W. 36TH STREET, SUITE 611                         |                                       | 2.3 \$         | 2.3 STREET ADDRESS |                             |   |                  |                               | •             |                        | . 1           |
| CITY-ST-ZIP   | MIAMI LAKES FL 33166                                     |                                       |                | CITY-ST            | ZIP                         |   |                  |                               |               |                        |               |
| TITLE   | VPD  | ☐ DEL <b>E</b> TE                     | 1              | TTLE               | 1                           |   |                  | ,                             |               | Change                 | ☐ Addition    |
| NAME  | REYNOLDS, JAY  |                                       | 3.2 N          | IAME               | }                           |   | •                |                               |               |                        | •             |
| -STREET ADDRESS   | 5600 N.W. 36TH STREET, SUITE (                           | 511                                   | 3.3 S          | TREETA             | UDDRESS                     |   |                  |                               |               |                        | •             |
| CITY-ST-ZIP ,   | MIAMI LAKES FL 33166                                     | ☐ DELETE                              |                | CITY-ST            | ZIP                         |   |                  | <u>-</u>                      |               | TChons                 | Addition      |
| TITLE   | SD MARINO, ALBERTO MAC Jア.                               | LJ DELETE                             |                | TTLE               | ĺ                           |   | •                | •                             | _             | Change                 | Addition      |
| NAME  |  | 244                                   |                | NAME               |                             |   |                  |                               |               |                        |               |
| STREET ADDRESS  | 5600 N.W. 36TH STREET, SUITE (                           | DII                                   |                |                    | NODRESS                     |   |                  |                               | •             | w.,                    |               |
| CITY-ST-ZIP   | MIAMI LAKES FL 33166<br>TD                               | ☐ DELETE                              |                | ITY-ST-            | ZIP                         | <del></del>                                 |                  |                               |               | Change                 | Addition      |
| TITLE   | VERSACI, DANTE II  |                                       |                | IAME               | -                           |   |                  |                               |               | onengo                 | 7,000.00      |
| NAME<br>STREET ADDRESS  | 5600 N.W. 36TH STREET, SUITE (                           | 811                                   |                |                    | NDORESS                     |   |                  | ,                             |               |                        |               |
|   | MIAMI LAKES FL 33166                                     |                                       | 4              | CITY-ST-           |                             |   |                  |                               | •             | • .                    |               |
| CITY-ST-ZIP   | D  | ☐ DELETE                              |                | TLE                | <del></del>                 | <u>-</u>                                    |                  |                               |               | Change                 | Addition      |
| NAME  | AGUIRRE, JOSE  | Λ                                     | •              | AME                | 1                           |   |                  |                               |               |                        |               |
| STREET ADDRESS  | 5600 N.W. 36TH STREET, SUITE                             | sli /\                                | Λ              |                    | NODRESS                     |   |                  | •                             |               |                        | ,             |
| CITY-ST-ZIP   | MIAMI LAKES FL 33166                                     | 7)' / \                               | / K            | TY-ST-             |                             |   |                  |                               |               | ;                      |               |
| OII 1-01-21F  |  | · · · · · · · · · · · · · · · · · · · |                |                    |                             |   |                  |                               |               |                        |               |

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental annual fficer or director of the corporation or the receive of Block 12 or Block 13 if changed, or on an attachment filing toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information il report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am an trusted employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNA