FILED Mar 01, 1999 8:00 am

Secretary of State

## CR2E034 (11/98)

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## 03-01-1999 90003 002 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # K72181 1. Corporation Name CUSTOMS SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 7429 NW 48TH ST 7429 NW 48TH P.O. BOX 52-6845 P.O. BOX 52-6845 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAM1 FL 33166 3. Date Incorporated or Qualifed 03/13/1989 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business Not Applicable 26 65-0108274 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be $\Box$ Added to Fees 28 Trust Fund Contribution 23 \_\_\_Country\_ Zip\_ . . \_ Country 8. This corporation owes the current year intangible 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **NEWTON, DAVID** Street Address (P.O. Box Number is Not Acceptable) 2577 NW 74TH AVE. **MIAMI FL 33122** 83 84 Zip Code City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE 1.1 TITLE Change ☐ Addition TITLE NEWTON, DAVID K. 12 NAME NAME 1110 SOUTH GREENWAY DR 13 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE DUKE, GERALD W., JR 2.2 NAME NAME 18420 NW 78 AVE. 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with the fifting 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 of supplemental aprillal 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 lequired 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.

64 CITY-ST-ZIP

3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date