

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**97 SEP -8 AM 8:15**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # L89499 (2)**

1. Corporation Name  
**FORWARD S-I CORP.**

Principal Place of Business  
**13343 SW 59 TERR  
P.O. BOX 164414  
MIAMI FL 33176**

Mailing Address  
**13343 SW 59 TERR  
P.O. BOX 164414  
MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **5204 SW 139 CT**

2a. Mailing Address  
26 **5204 SW 139 CT**

22 Suite, Apt. #, etc.

27

23 City & State  
**MIAMI, FLORIDA**

28 City & State  
**MIAMI, FLORIDA**

24 Zip  
**33175**

25 Country  
**DADE**

29 Zip  
**33175**

30 Country  
**DADE**

3. Date Incorporated or Qualified  
**07/23/1990**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0294109**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LARGAESPADA, EDRULFO B.  
13343 S.W. 59 TER.  
MIAMI FL 33186**

81 Name  
**EDRULFO LARGAESPADA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5204 SW 139 CT**

83

84 City  
**MIAMI,**

85 Zip Code  
**FL 33175**

10. Name and Address of New Registered Agent

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]* DATE **9/23/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARGAESPADA, EDRULFO B.	
STREET ADDRESS	13343 SW 59 TER.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEETS, MARIA A.	
STREET ADDRESS	13343 SW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LARGAESPADA, DIMITRY	
STREET ADDRESS	13343 SW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>300002289655-1</b>
2.3 STREET ADDRESS	<b>-09/10/97--01091--019</b>
2.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, changed, or as an attachment with an address.

SIGNATURE *[Signature]* Edrulfo Largaespada DP

CR2E034 (4/97)