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**Jul 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: 5204 SW 139 CT MIAMI FL 33175
Mailing Address: 5204 SW 139 CT MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

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

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: Added to Fees:

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

2. Principal Place of Business: 21 **6934 SW 83rd PL** Suite, Apt. #, etc.: 22
City & State: 23 **Miami, FL** Zip: 24 **33143** Country: 25 **Dade**

2a. Mailing Address: 26 **6934 SW 83rd PL** Suite, Apt. #, etc.: 27
City & State: 28 **Miami, Florida** Zip: 29 **33143** Country: 30 **Dade**

g. Name and Address of Current Registered Agent: **LARGAESPADA, EDRULFO B. 5204 SW 139 CT MIAMI FL 33175**

10. Name and Address of New Registered Agent: 81 Name: **LEETS, MARIA A.** 82 Street Address (P.O. Box Number is Not Acceptable): **6934 SW 83rd PL.** 83 City: **Miami, FL** 85 Zip Code: **33143**

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: *Maria A. Leets* DATE: **6/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: LARGAESPADA, EDRULFO B.	11 TITLE:	12 NAME: LEETS, MARIA A. (P)
STREET ADDRESS: 13343 SW 59 TER.	CITY-ST-ZIP: MIAMI FL	13 STREET ADDRESS: 6934 SW 83rd PL	14 CITY-ST-ZIP: Miami, FL. 33143
TITLE: V	NAME: LEETS, MARIA A.	21 TITLE:	22 NAME: LARGAESPADA, DIMITRY X
STREET ADDRESS: 13343 SW 59TH TERRACE	CITY-ST-ZIP: MIAMI FL	23 STREET ADDRESS: 6934 SW 83rd PL (T)	24 CITY-ST-ZIP: Miami, Florida 33143
TITLE:	NAME: LARGAESPADA, DIMITRY	31 TITLE:	32 NAME: Zamora, Blanca (S)
STREET ADDRESS: 13343 SW 59TH TERRACE	CITY-ST-ZIP: MIAMI FL	33 STREET ADDRESS: 15332 SW 177 Te	34 CITY-ST-ZIP: Miami, FL. 33187
TITLE:	NAME:	41 TITLE:	42 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	43 STREET ADDRESS:	44 CITY-ST-ZIP:
TITLE:	NAME:	51 TITLE:	52 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	53 STREET ADDRESS:	54 CITY-ST-ZIP:
TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	64 CITY-ST-ZIP:

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **MARIA A. LEETS** *Maria A. Leets* DATE: **4/29/98**

CR2E034 (10/97)