

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000078573 (8)**

1. Corporation Name  
**BOTTOM LINE FORWARDERS CORP.**



Principal Place of Business  
**10302 NW SOUTH RIVER DRIVE STE 19  
 MEDLEY FL 33178**

Mailing Address  
**10302 NW SOUTH RIVER DRIVE STE 19  
 MEDLEY FL 33178-1331**

3. Date Incorporated or Qualified **09/20/1996** 3a. Date of Last Report **9-20-96**

2. Principal Place of Business  
**10302 NW 50th RIVER DRIVE**

2a. Mailing Address  
**10302 NW 50th RIVER DR.**

4. FEI Number **65-0692194** Applied For Not Applicable

22. Suite, Apt. #, etc. **Suite 19**

27. Suite, Apt. #, etc. **Suite 19**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **Medley, FL**

28. City & State **Medley, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **33178** 25. Country **USA**

29. Zip **33178** 30. Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CASTRO, WALDY  
 2021 LOUISE STREET  
 COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent  
 81 Name **Waldy Castro**  
 82 Street Address (P.O. Box Number is Not Acceptable) **10645 NW 7 Street**  
 83  
 84 City **Pembroke Pines, FL** 85 Zip Code **33026**

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]* **President** DATE **1-27-97**

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTRO, WALDY</b>	
STREET ADDRESS	<b>2021 LOUISE STREET</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
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	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Waldy Castro</b>	
1.3 STREET ADDRESS	<b>10645 NW 7 Street</b>	
1.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33026</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-27-97** **887-8888**

CR2E034 (9/96)