

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JUN 13 AM 8:24

**DOCUMENT # V67853 (4)**

1. Corporation Name  
**FORWARD BUSINESS CORPORATION**

Principal Place of Business      Mailing Address  
**905 S. BAY SHORE DR.**      **905 S. BAY SHORE DR.**  
**APT. 325**      **APT. 325**  
**MIAMI FL 33131**      **MIAMI FL 33131**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/01/1992		06/08/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0359288		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		<input type="checkbox"/>	
26		31		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
27		32		<input type="checkbox"/>		<input type="checkbox"/>	
28		33		5. This corporation has liability for intangible tax under S. 100.030, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		34		<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent  
**NUNES DE SOUSA, FERNANDO**  
**440 SANTANDER AVE**  
**SUITE 20**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
B1 Name **FERNANDO NUNES DE SOUSA**  
B2 Street Address (P.O. Box Number is Not Acceptable) **905 S. Bayshore Dr. suite 325**  
B3  
B4 City **miami** FL B5 Zip Code **33131**

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 *Fernando Nunes de Sousa* **FERNANDO NUNES DE SOUSA** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES DE SOUSA, FERNANDO</b>	1.2 NAME	<b>NUNES DE SOUSA, FERNANDO</b>
STREET ADDRESS	<b>440 SANTANDER AVE #20</b>	1.3 STREET ADDRESS	<b>905 S. BAY SHORE DR. S. 325</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI - FL - 33131</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Fernando Nunes de Sousa* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE