

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

*APPROVED
AND
FILED* / of 3

PROFIT CORPORATION ANNUAL REPORT 1996



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

96 OCT 28 PM 2:59

DOCUMENT # **V67853 (4)**
1. Corporation Name
FORWARD BUSINESS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified: **10/01/1992**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business: **6065 NW 82 AVENUE**
2a. Mailing Address: **999 SOUTH BAYSHORE DR.**
22. Suite, Apt. #, etc.:
27. **305**
23. City & State: **MIAMI FL**
28. **MIAMI FL**
24. Zip: **33166** 25. Country: **USA.** 29. **33131** 30. Country: **USA.**

4. FEI Number: **65-0359288**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DE SOUSA, FERNANDO NUNES
905 S BAYSHORE DR
STE 325
MIAMI FL 33131

10. Name and Address of New Registered Agent
81. Name: **N/A**
82. Street Address (P.O. Box Number is Not Acceptable): **N/A**
84. City: **N/A**
85. Zip Code: **FL**

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 607.0502, Florida Statutes.

SIGNATURE: *Fernando Nunes* DATE: **10-21-96**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NUNES DE SOUSA, FERNANDO	
STREET ADDRESS	905 S BAYSHORE DR STE 325	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERNANDO N. SOUSA	
1.3 STREET ADDRESS	999 SOUTH BAYSHORE DRIVE #305	
1.4 CITY-ST-ZIP	MIAMI FL 33131	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIRIAM G. DESOUSA	
2.3 STREET ADDRESS	999 SOUTH BAYSHORE DRIVE #305	
2.4 CITY-ST-ZIP	MIAMI FL 33131	
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	600001995468-6	
4.3 STREET ADDRESS	-11/05/96--01009--007	
4.4 CITY-ST-ZIP	****225.00 ****225.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>A. Alar</i>	
5.3 STREET ADDRESS	10-28-96	
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 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 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.

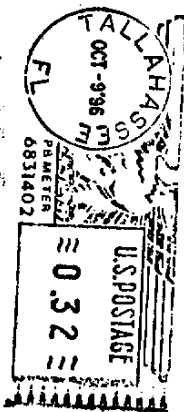
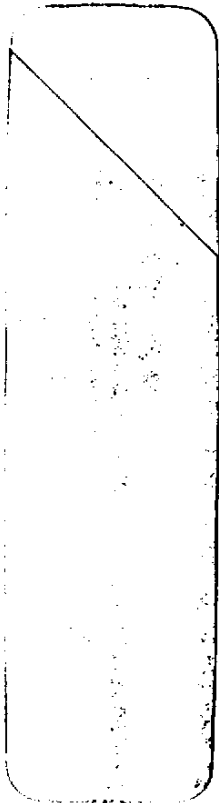
SIGNATURE: *Fernando Nunes* DATE: **10-21-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FERNANDO N. SOUSA** Daytime Phone #: **(305) 477-1234**

CR2E034 (12/95)

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FLORIDA DEPARTMENT OF STATE
Sandra K. Northam
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



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OBSERVATION:
Your office mailed the
dated Sept 27, 96 to us
on 10-9-96.
We received the same
on 10-15-96.
Yours,
FORWARDED BUSINESS CORPORATION



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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 24, 1996

FORWARD BUSINESS CORPORATION
999 SOUTH BAYSHORE DR.
305
MIAMI, FL 33131 US

SUBJECT: FORWARD BUSINESS CORPORATION
Ref. Number: V67853

We have received your document for FORWARD BUSINESS CORPORATION and check(s) totaling \$225.00. However, your check(s) and document are being returned for the following:

Because the annual report received in this office was postmarked on or before the administrative dissolution/revocation date of August 23, 1996, the dissolution/revocation of your corporation will be voided and no penalty imposed, if the corrected document and fee are received in this office within 30 days of the date of this letter.

The new registered agent must sign in block 11.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

Trevor Brumbley
Document Specialist

Letter Number: 996A00043967