


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90011 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703023**

1. Corporation Name  
**THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC.**

Principal Place of Business 5600 N.W. 36TH STREET SUITE 611 MIAMI LAKES FL 33166	Mailing Address P.O. BOX 522022 MIAMI FL 33152
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/16/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2103610
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  FCBF 5600 N.W. 36TH STREET SUITE 611 MIAMI SPRINGS FL 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Yira Lugo* Yira Lugo, Administrator January 4, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PEDRAZA, RAUL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VPD	NAME DE TUYA, JORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE VPD	NAME REYNOLDS, JAY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE SD	NAME MARINO, ALBERTO JR.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE TD	NAME VERSACI, DANTE II	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME AGUIRRE, JOSE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5600 N.W. 36TH STREET, SUITE 611	CITY-ST-ZIP MIAMI LAKES FL 33166	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Dante Versaci* January 4/99 (305) 871-7177