

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 10 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000002614 (5)

1. Corporation Name
 TFW, INC.

Principal Place of Business: 34-24 HUNTERS POINT AVE. LONG ISLAND CITY NY 11101
 Mailing Address: 34-24 HUNTERS POINT AVE. LONG ISLAND CITY NY 11101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1994
 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number	Applied For
11-2088222	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. This corporation has liability for intangible tax under s. 199.035, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE FL 32301				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: _____ DATE: _____
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	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOJIN, THOMAS	1.2 NAME	
STREET ADDRESS	34-23 HUNTERS POINT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, IRWIN	2.2 NAME	
STREET ADDRESS	34-24 HUNTERS POINT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, STEVEN	3.2 NAME	
STREET ADDRESS	34-24 HUNTERS POINT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMEK, THOMAS	4.2 NAME	
STREET ADDRESS	34-24 HUNTERS POINT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	4.4 CITY-ST-ZIP	
TITLE	BOG	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURLINGO, CHARLES	5.2 NAME	
STREET ADDRESS	34-24 HUNTERS POINT AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	5.4 CITY-ST-ZIP	
TITLE	VCST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKIE, SCOTT	6.2 NAME	
STREET ADDRESS	34-24 HUNTERS POINT AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11101	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 110.07(3)(b), 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 my address.

SIGNATURE: [Signature] DATE: 6/9/95 DAYTIME PHONE: 718-779-8682

CR2E034 (3/95)