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96 MAR 25 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996

DOCUMENT # **K32757**  
1. Corporation Name

AIR MARINE CUSTOMS BROKERS, INC.

Principal Place of Business  
3409 NW 72ND AVE #B  
MIAMI, FL 33122  
USA

Mailing Address  
PO BOX 520955  
MIAMI, FL 33152-7955  
USA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/09/1988

3a. Date of Last Report

4. FEI Number  
65-0071074

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

FERNANDEZ, CARLOS L.  
10205 SW 56TH STREET  
SUITE A-203  
MIAMI, FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent is not acceptable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PSD  
STREET ADDRESS MADAN, ROGER  
CITY-ST-ZIP 1551 LENAPE DRIVE  
MIAMI SPRINGS, FL 33166

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS ORTEGA, ROLANDO  
CITY-ST-ZIP 1933 SW 142ND PLACE  
MIAMI, FL 33175

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS MADAN, NATALIE  
CITY-ST-ZIP 1551 LENAPE DRIVE  
MIAMI SPRINGS, FL 33166

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 300001756483  
2.3 STREET ADDRESS -03/25/96--01082--0016  
2.4 CITY-ST-ZIP \*\*\*\*\*200.00 \*\*\*\*\*200.00

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME 300001756483  
4.3 STREET ADDRESS -03/25/96--01082--007  
4.4 CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (305) 477-3196

Date

Daytime Phone

CR2E034 (12/95)