

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K32757** (2)  
1. Corporation Name  
**AIR MARINE CUSTOM BROKERS, INC.**

Principal Place of Business <b>3051 NW 107TH AVE MIAMI FL 33172 US</b>	Mailing Address <b>PO BOX 520955 MIAMI FL 33152-7955 US</b>
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/09/1988</b>	
4. FEI Number <b>65-0071074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>FERNANDEZ, CARLOS L 10205 SW 56TH STREET SUITE A-203 MIAMI FL 33165</b>	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 <b>FL</b>
---	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PSD	MADAN, ROGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1551 LENAPE DRIVE		1.3 STREET ADDRESS	
MIAMI SPRINGS FL 33166		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
V	ORTEGA, ROLANDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1833 SW 142ND PLACE		2.2 NAME	
MIAMI FL 33175		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
Y	MADAN, NATALIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1551 LENAPE DRIVE		3.1 TITLE	
MIAMI SPRINGS FL 33166		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  ROGER MADAN 3/12/98 (305) 477-3496

CR2E034 (10/97)