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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEQ NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83868

(5)

AMERICAN FORWARDERS, INC.

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Mailing Address of New Registered Agent 3. Mailing Address of New Registere	ste of Last Re 26/1996 Ap No \$8.75 A Fee Re \$5.00 Added to tax under s. No Agent  85 Zip C changing its ointment as	Additional equired May Be to Fees . 199.032,  Code s registered registered
### Place of Business   2a, Mailing Address   565-0128753      Suite, Apt #, etc   2a   2b   3a   5c   5c   5c   5c   5c   5c   5c   5	\$8.75 A Fee Re \$5.00 Added to tax under s. ] No Agent    State   Control	Additional equired May Be to Fees 199.032,  Code s registered registered
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Mailing Address of New Registered Agent 3. Mailing Address of New Registere	\$8.75 A Fee Re \$5.00 Added to tax under s. ] No Agent    State   Control	Additional equired May Be to Fees . 199.032,  Code s registered registered
21	\$8.75 A Fee Re \$5.00 Added to tax under s.  ] No Agent  Changing its ointment as	Additional squired May Be to Fees 199.032, Code s registered registered
Suite, Apt #, etc    Suite, Apt #, etc   Suite, Apt #, etc   State   S	\$8.75 A Fee Re \$5.00 Added to tax under s. ] No Agent  85 Zip C changing its ointment as	Additional squired May Be to Fees 199.032, Code s registered registered
City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Since and Address of Current Registered Agent  FAERMAN, WALTER J  1348 WASHINGTON AVENUE  MIAMI FL 33139  Title  DELETE  Title  DELETE  City & Status Desired  Since for Status Desired  Since for Status Desired  Lice in Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Since or country  Since in Country	\$5.00 Added to tax under s. No Agent  85 Zip C changing its ointment as	May Be to Fees . 199.032, Code s registered registered
28 Trust Fund Contribution  Zip Country Zip Country Zip Country	Added to tax under s. No Agent S Zip C changing its ointment as	Code s registered registered
Zip Country Zip Country 2 30 Country 8. This corporation has liability for intangible to general agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 13.48 WASHINGTON AVENUE MIAMI FL 33139  8 City FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the aborder of registered agent or both, in the State of Florida. Such change was authorized agent are raiserable with, and accept the obligations of Section 607.0505, Florida Statute.  SIGNATURE Signature typind or created name of registered agend and the of applicable (NOTE: Registered 2 to greater equired when reinatating) DATE  12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TIME 12 NAME SIREET ADDRESS (IFV. 51-2)P MIAMI FL 33139 14.00F 52 P MIAMI FL 33139 14.00F 52 P MIAMI FL 33139 14.00F 52 P MIAMI FL 33139 15.10 DRESS CITY-51-2P DELETE 11111 15.10 DELETE 11	tax under s.  No  Agent  85 Zip C  changing its ointment as	Code s registered registered
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the abort office or registered agent or both, in the State of Florida. Such change was authorized agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. The abort office or registered agent or both, in the State of Florida. Such change was authorized agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. The abort office or registered agent or both, in the State of Florida. Such change was authorized the corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the purpose of the corporation's board of directors. I hereby accept the appointment of the purpose of the purpose of the appointment of the purpose of the appointment of the purpose of the purpose of the appointment of the purpose of the appo	85 Zip C changing its ointment as	Code s registered registered
FAERMAN, WALTER J 1348 WASHINGTON AVENUE MIAMI FL 33139  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abort office or registered agent, or both, in the State of Florida, Such change was authorized agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  Signature squired when reinstates)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SIRRET ADDRESS  CITY ST-ZIP  MIAMI FL 33139  10. Name and Address of New Registered Agent A new Registered Agent Agent Agent Agent Address (P.O. Box Number is Not Acceptable)  **City **FL**  City  **FL**  **City  **FL**  **City  **FL**  **City  **FL**  **Intermed corporation submits this statement for the purpose of agent Age	85 Zip C changing its ointment as	s registered registered
FAERMAN, WALTER J 1348 WASHINGTON AVENUE MIAMI FL 33139  8 City FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abordisc or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. PAERMAN, WALTER J. 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. GIT 15. THE PO	85 Zip C changing its ointment as	s registered registered
1348 WASHINGTON AVENUE MIAMI FL 33139  8 City FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abort office or registered agent or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The abort of the corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the appointment of migratine directors and provided manuscolingstered agent and fit of applicable (NOTE: Registered).  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 607.0505, Florida Statutes, the abort of the corporation's board of directors. I hereby accept the appointment of migratine directors and the corporation's board of directors. I hereby accept the appointment of migratine directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointment of the corporation's board of directors. I hereby accept the appointmen	changing its ointment as	s registered registered
TILLE  TARKAMAN, WALTER J.  SIREET ADDRESS  CITY-ST-ZIP  TILLE  T	changing its ointment as	s registered registered
TILLE  TARKAMAN, WALTER J.  SIREET ADDRESS  CITY-ST-ZIP  TILLE  T	changing its ointment as	s registered registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida. Such change was authorized the corporation's board of directors. I hereby accept the appointment of the purpose of office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or entired name of registered agend and title if applicable (NOTE: Registered).  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  PD	changing its cintment as	registered
office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu.  SIGNATURE  Signature typed or swited name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 ITTL  NAME  FAERMAN, WALTER J.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  21 TITL  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  31 TITL  DELETE  31 TITL  DELETE  31 TITL  DELETE  31 TITL  TITLE  DELETE  31 TITL  TITLE  DELETE  31 TITL  TITLE  DELETE  31 TITLE  DELETE  ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  DELETE  31 TITLE  DELETE  DELETE  31 TITLE  DELETE  DELE	DIRECTOR	registered
Signature Typed or centred name of registered agout and title if applicable (NOTE: Registered at signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  PD		
12. OFFICERS AND DIRECTORS  TITLE  PD  FAERMAN, WALTER J.  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND  1.1 TITLE  1.1 TITLE  1.2 NAM  1.3 STR  DDRESS  2.1 TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  DELETE  DELETE  31 TITLE		
DELETE		
1348 WASHINGTON AVENUE		
CITY-ST-ZIP   MIAMI FL 33139   1.4 CIT   ZIP     TITLE		
DELETE   2.1 TITE     NAME   22 NAM     STREET ADDRESS   2.3 STR   NDDRESS     CITY-ST-ZIP   2 4 CIT   1-ZIP     TITLE   DELETE   3.1 TITL		
NAME         22 NA           STREET ADDRESS         23 STR         \DDRESS           CITY-ST-ZIP         2 4 CIT         T-ZIP           TITLE         □ DELETE         31 TITL		
STREET ADDRESS         23 STR         ADDRESS           CITY-S1-2IP         2 4 CIT         7-ZIP           TITLE         DELETE         31 TITL	☐ Change	Addition
CITY - ST - ZIP		
TIFLE DELETE 31 TIFL		
■ ■	Change	Addition
NAME 32 NAM		
STREET ADDRESS 33 STRE ADDRESS		
CITY-ST-ZIP 34. CITY ST-ZIP		
TITLE DELETE 4.1 TITLE	Change	Addition
NAME 4.2 NAM		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-7IP 44 CITY-ST-2IP		
TITLE DELETE 5.1 TITLE	L. Change	Addition
NAME 52 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
	L Change	☐ Addition
NAME 62 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-S1-ZIP 6.4 CITY-S1-ZIP		aba
14. I do 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 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 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; an appears in Block 12 or Block 13 if charged, or or an attachment with an address.	Certify that	uri <del>c</del>