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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09835

CARLOS A. LASTRA DBA UNION CUSTOMHOUSE BROKERS I

Mailing Address Principal Place of Business CARLOS LASTRA CHB 7480 NW 52 STREET 10450 S W 140 RD MIAMI FL 33166 MIAMI FL 33176-7000 US 3. Date Incorporated or Qualified 3a, Date of Last Report US 05/01/1996 08/16/1989 2a. Mailing Address 4, FEI Number Applied For 2. Principal Place of Business 65-0141473 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country This corporation has liability for intangible tax under s. 199.032, Country Ζıp Yes No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LASTRA, CARLOS A. 10450 S W 140 RD Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33176** 83 City Zip Code 84 85 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 edition of the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typica or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE \_\_\_ Addition 1.1 TITLE HTLE LASTRA, CARLOS A. 12 NAME NAME 10450 SOUTHWEST 140 ROAD 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 14 CITY-ST-ZIP CITY-ST-Z# Change \_\_\_ Addition ☐ DELETE 2.1 TITLE 1 11 8 LASTRA, PATRICIA M. 2.2 NAME NAME 10450 SOUTHWEST 140 ROAD 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY ST 76 Addition DELETE 3.1 TITLE THEFE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY ST-ZIP ■ DELETE Addition 4.1 TITLE TOLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-\$1 - ZIP CITY-SE ZIP ☐ Change \_\_\_ Addition DELETE 51 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP E-17-S1-7/P Addition Change DELETE 6.1 TITLE 10°LE 6.2 NAME NAMI 6.3 STREET ADDRESS STREET ADORESS

SIGNATURE:

CRY-51 20

PATRICIA LASTRA

6.4 CITY - ST - ZIP

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 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.

(96/6) (6)

R2E034

FILED

May 05 1997 8:00am

Secretary of State