

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L33937 (8)
1. Corporation Name
CLOVER CUSTOMS BROKERS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2101 NW 82 AVE MIAMI FL 33122		Mailing Address 2101 NW 82 AVE MIAMI FL 33122	
2. Principal Place of Business 21 1910 NW 97th Ave Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip Country 24 33172 25 US		2a. Mailing Address 26 1910 NW 97th Ave Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33172 30 US	
3. Date Incorporated or Qualified 12/05/1989		4. FEI Number 65-0162196	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent PARISH, ANDREW M. 2222 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134-6193	
9. Name and Address of New Registered Agent		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		FL	

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
STREET ADDRESS	2101 NW 82 AVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	2101 N.W. 82ND AVE.	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: _____ 1-12-98

CR2E034 (10/97)