FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # L72656 (6)

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporate Name
IBC CUSTOMS BROKERAGE (FLORIDA), INC.

Principal Place of Business: 2290 TALLAHASSEE, FT. LAUDERDALE FL 33326

Mailing Address: P O BOX 520819, MIAMI FL 33152, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0197254 ☐ 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

2. Principal Place of Business
21: 8401 NW 17th ST.
22: Suite, Apt. #, etc.:
23: City & State: MIAMI, FL
24: Zip: 33126
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

9. Name and Address of Current Registered Agent

COSTIGAN, JOSEPH F.
8401 NW 17 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	COSTIGAN, JOSEPH F.	NAME	
STREET ADDRESS	2290 TALLAHASSEE	STREET ADDRESS	2958 MEDINAH
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	V	TITLE	☒ Change ☐ Addition
NAME	DUGAN, ROBERT W	NAME	
STREET ADDRESS	1771 NW 79TH AVE	STREET ADDRESS	8401 NW 17 TH ST
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33126
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0420142 FP