

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L89499** (2)  
1. Corporation Name  
**FORWARD S-I CORP.**



Principal Place of Business  
**13343 SW 59 TERR  
P.O. BOX 164414  
MIAMI FL 33176**

Mailing Address  
**13343 SW 59 TERR  
P.O. BOX 164414  
MIAMI FL 33176**

3. Date Incorporated or Qualified **07/23/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0294109</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**LARGAESPADA, EDRULFO B.  
13343 S.W. 59 TER.  
MIAMI FL 33186**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>LARGAESPADA, EDRULFO B.</b>	
STREET ADDRESS	<b>13343 SW 59 TER.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARGAESPADA, EDMUNDO L.</b>	
STREET ADDRESS	<b>13343 SW 59 TER.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>LARGAESPADA, EDRULFO L.</b>	
STREET ADDRESS	<b>13343 SW 59 TER.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>Maria A Leets</b>	
STREET ADDRESS	<b>13343 SW 59 TER.</b>	
CITY-ST-ZIP	<b>Miami, FL. 33183</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>Dimitry Largaespada</b>	
STREET ADDRESS	<b>13343 SW 59 TER.</b>	
CITY-ST-ZIP	<b>Miami, FL. 33183</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 305 386 3124

CR2E034 (12/95)