

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP -8 AM 8:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L89499 (2)
1. Corporation Name
FORWARD SH 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5204 SW 139 CT Suite, Apt. #, etc.		2a. Mailing Address 26 5204 SW 139 CT Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1990		3a. Date of Last Report 05/01/1996	
22 City & State 23 MIAMI, FLORIDA		27 City & State 28 MIAMI, FLORIDA		4. FEI Number 65-0294109		Applied For Not Applicable	
24 33175 25 DADE		29 33175 30 DADE		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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 EDRULFO LARGAESPADA 82 Street Address (P.O. Box Number is Not Acceptable) 5204 SW 139 CT 83 84 City MIAMI, FL 85 Zip Code 33175			
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 9/23/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARGAESPADA, EDRULFO B.			1.2 NAME			
STREET ADDRESS	13343 SW 59 TER.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEETS, MARIA A.			2.2 NAME			
STREET ADDRESS	13343 SW 59TH TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARGAESPADA, DIMITRY			3.2 NAME			
STREET ADDRESS	13343 SW 59TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address.

SIGNATURE *[Signature]* Edrulfo Largaespada DP

CR2E034 (4/97)