

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

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Jul 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L89499 (2)
 1. Corporation Name
FORWARD S-I CORP.

Principal Place of Business 5204 SW 139 CT MIAMI FL 33175	Mailing Address 5204 SW 139 CT MIAMI FL 33175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6934 SW 83rd PL Suite, Apt. #, etc. 22 City & State 23 Miami, FL 33143 Zip 24 33143		2a. Mailing Address 26 6934 SW 83rd PL Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 33143		3. Date Incorporated or Qualified 07/23/1990 4. FEI Number 65-0294109 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 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	
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9. Name and Address of Current Registered Agent LARGAESPADA, EDRULFO B. 5204 SW 139 CT MIAMI FL 33175		10. Name and Address of New Registered Agent 81 Name LEETS, MARIA A. 82 Street Address (P.O. Box Number is Not Acceptable) 6934 SW 83rd PL. 83 84 City Miami, FL	
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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 *Maria A. Leets* **6/13/98**
 Signature (print or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	LEETS, MARIA A. (P)
NAME	LARGAESPADA, EDRULFO B.	12 NAME	6934 SW 83rd PL
STREET ADDRESS	13343 SW 59 TER.	13 STREET ADDRESS	Miami, FL. 33143
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	LARGAESPADA, DIMITRY X
NAME	LEETS, MARIA A.	22 NAME	6934 SW 83rd PL (T)
STREET ADDRESS	13343 SW 59TH TERRACE	23 STREET ADDRESS	Miami, Florida 33143
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	Zamora, Blanca (S)
NAME	LARGAESPADA, DIMITRY	32 NAME	15332 SW 177 Te
STREET ADDRESS	13343 SW 59TH TERRACE	33 STREET ADDRESS	Miami, FL. 33187
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, or on an attachment with an address.

SIGNATURE: **MARIA A. LEETS** *Maria A. Leets* **4/29/98**

CR2E034 (10/97)