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

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -7 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02623 (0)

1. Corporation Name
MIAMI CUSTOMS BROKERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8429 NW 36 ST SUITE #111 (33166)<br>P.O. BOX 526364<br>MIAMI FL 33152-3364 | 8429 NW 36 ST SUITE #111 (33166)<br>P.O. BOX 526364<br>MIAMI FL 33152-3364 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/10/1984 | 3a. Date of Last Report: 02/08/1994 |
| 4. FEI Number: 59-2301545 | ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 8249 n.w. 36 St | 26 8249 n.w 36 st. |
| 22 Suite, Apt. #, etc. Suite 111 | 27 Suite, Apt. #, etc. 111 |
| 23 City & State Miami Fl. | 28 City & State Miami Fl |
| 24 Zip 33166 25 Country USA | 29 Zip 33166 30 Country USA |

**9. Name and Address of Current Registered Agent**

SANCHEZ, CARLOS E.
5465 NW 36TH ST #200
MIAMI SPRINGS FL 33166

**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 _____
(Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when reinstated) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SANCHEZ, CARLOS E. | 12 NAME | |
| STREET ADDRESS | 8249 NW 36 ST. #111 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SANCHEZ, ELVIRA S. | 22 NAME | |
| STREET ADDRESS | 8249 NW 36 ST. #111 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | AVEILLE, MICHAEL | 32 NAME | |
| STREET ADDRESS | 1260 NW 57TH AVE. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, 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 above, or on an attachment with an address.

**SIGNATURE:** Elvira S. Sanchez 01/24/95 (305) 477-8192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0105T04 CP