


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27962 (2)**  
1. Corporation Name  
**SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.**



Principal Place of Business <b>2741 WEST 76 ST. HIALEAH FL 33016</b>	Mailing Address <b>2741 WEST 76 ST. HIALEAH FL 33016-5608</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>08/19/1988</b>		3a. Date of Last Report <b>01/29/1996</b>	
4. FEI Number <b>65-0093374</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>SANDLER, GILBERT LEE SANDLER, TRAVIS &amp; ROSENBERG, P.A. 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI FL 33126-9022</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLOMQUIST, BRIAN</b>			1.2 NAME			
STREET ADDRESS	<b>2741 W. 76TH STREET</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HIALEAH FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DE TUYA, JORGE</b>			2.2 NAME			
STREET ADDRESS	<b>11700 NW 100 ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MEDLEY FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>REED, IRENE</b>			3.2 NAME			
STREET ADDRESS	<b>3500 NW 114 ST.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOPEZ, EDUARDO</b>			4.2 NAME			
STREET ADDRESS	<b>5750 N.W. 32ND CT.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LESNIK, GERALD</b>			5.2 NAME			
STREET ADDRESS	<b>2401 NW 69TH ST.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PERNAS, JUAN CARLOS</b>			6.2 NAME			
STREET ADDRESS	<b>9905 N.W. 88TH AVE.</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MEDLEY FL</b>			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(9)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/12/97** **305 557-2378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023371

CR2E037 (9/96)