


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27962					
1. Corporation Name SOUTH FLORIDA NVOCC & NAOCC ASSOCIATION, INC.					
Principal Place of Business 2741 WEST 76 ST. HIALEAH FL 33016			Mailing Address 2741 WEST 76 ST. HIALEAH FL 33016		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1208 MANOR DR. S.		26 1208 MANOR DR. S.		08/19/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0093374	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 WESTON FL		28 WESTON FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24 33326 25		29 33326 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANDLER, GILBERT LEE SANDLER, TRAVIS & ROSENBERG, P.A. 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI FL 33126-9022				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 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 _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BLOMQUIST, BRIAN				12 NAME			
STREET ADDRESS 2741 W. 76TH STREET				13 STREET ADDRESS 1208 MANOR DR. S.			
CITY-ST-ZIP HIALEAH FL				14 CITY-ST-ZIP WESTON FL 33326			
TITLE <input type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DE TUYA, JORGE				22 NAME			
STREET ADDRESS 11700 NW 100 ROAD				23 STREET ADDRESS			
CITY-ST-ZIP MEDLEY FL				24 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BAXT, MITCH				32 NAME			
STREET ADDRESS 1801 NW 82 AVE				33 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL				34 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ABISCH, JOHN				42 NAME			
STREET ADDRESS 2401 N W 69TH ST				43 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME LESNIK, GERALD				52 NAME			
STREET ADDRESS 2401 NW 69TH ST.				53 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PERNAS, JUAN CARLOS				62 NAME			
STREET ADDRESS 9905 N.W. 88TH AVE.				63 STREET ADDRESS			
CITY-ST-ZIP MEDLEY FL				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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)