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CORPORATION
ANNUAL REPORT
1995



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

95 APR 27 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012938 (5)

1. Corporation Name

BLUE STAR INTERNATIONAL FORWARDERS, CORP.

Principal Place of Business

9600 NW 25TH ST
SE
MIAMI FL 33172
US

Mailing Address

9600 NW 25TH ST
SE
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

05/09/1994

4. FEI Number

65-0482921

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHABETAI, CLAUDIA
18104 SW 89TH PLACE
MIAMI FL 33157

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

Signature, typed or printed name of registered agent (and new if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	SHABETAI, CLAUDIA	18104 SW 89TH PLACE	MIAMI FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 owner or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, typed or on an attachment with an address.

SIGNATURE:

Shabetai

PRESIDENT

4-21-96 717-3262