

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

APPROVED
AND
FILED

1997 JUN 26 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 9930000021122 1. Corporation Name C-A-Brokers & Forwarders Inc

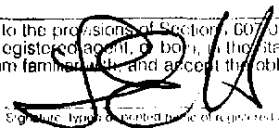
Principal Place of Business 6176 NW 74TH AVE MIAMI FL 33166	Mailing Address
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2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 3-22-	3a. Date of Last Report 4-9-
4. FFL Number 65-0399381	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	

9. Name and Address of Current Registered Agent Same	10. Name and Address of New Registered Agent 81 MILTON AGD 82 Street Address (P.O. Box Number Not Acceptable) 1A Euckel Plaza #101 83 84 City MIAMI FL 85 33166
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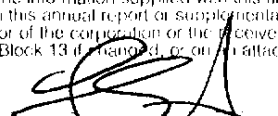
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent Signature is required when registering.) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PRESIDENT
STREET ADDRESS	LAMY NAIT
CITY-ST-ZIP	100 KINGS PT MIAMI FL 33166
TITLE	☐ DELETE
NAME	Vice President
STREET ADDRESS	MILTON AGD
CITY-ST-ZIP	245 DUPON DE NEWETT AVE NY 11592
TITLE	☐ DELETE
NAME	V.P.
STREET ADDRESS	BUS ANTIC
CITY-ST-ZIP	15850 90TH ST HOWARD BEACH NY 11414
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ Change ☐ Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	800002227938--6
14 CITY-ST-ZIP	-07/01/97--01077--008
21 TITLE	****173.75 ****173.75
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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(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 officer 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/30/97
305 477-8112
CR2E034 (9/96)