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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000021122

1. Corporation Name
C.A.R Brokers & Forwarders INC

Principal Place of Business
6176 NW 74TH AVE
MIAMI FL 33166

Mailing Address

3. Date Incorporated or Qualified: 3-22-
3a. Date of Last Report: 4-96

2. Principal Place of Business (21): Same
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): Same
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI 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 Name: MILTON AGID
82 Street Address (P.O. Box Number Not Acceptable): 1A Rickenbacker Plaza #101
83
84 City: MIAMI FL 85 Zip Code: 33160

11. Pursuant to the provisions of Section 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] (NOTE: Registered Agent's 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	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LARRY NAIT	1.2 NAME	
STREET ADDRESS	100 KINGS PT	1.3 STREET ADDRESS	800002227938--6
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	-07/01/97--01077--008
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	****173.75 ****173.75 Addition
NAME	MILTON AGID	2.2 NAME	
STREET ADDRESS	245 SUFFOLK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWLETT NECK NY 11598	2.4 CITY-ST-ZIP	
TITLE	V.P. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUS ANTIC	3.2 NAME	
STREET ADDRESS	15852 90TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOWARD BEACH NY 11414	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/30/97 305 477-8112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #