

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000024145 (3)**

1. Corporation Name

**CARIBBEAN FREIGHT FORWARDERS, INC.**



Principal Place of Business

**4715 N.W. 72ND AVENUE  
MIAMI FL 33166**

Mailing Address

**4715 N.W. 72ND AVENUE  
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 **4709 N.W. 72 AVE.**

26 **P.O. BOX 524082**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State  
**MIAMI, FL.**

27  
City & State  
**MIAMI, FL.**

23  
Zip  
**33166**

24  
County  
**U.S.**

28  
Zip  
**33152**

29  
County  
**U.S.**

9. Name and Address of Current Registered Agent

**ABBADIE, WILLIAM A  
9960 S.W. 131ST STREET  
MIAMI FL 33176**

3. Date Incorporated or Qualified  
**03/29/1993**

3a. Date of Last Report  
**04/14/1995**

4. FFL Number  
**65-0411709**

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

10. Name and Address of New Registered Agent

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 607.0102 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 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **D**  DELETE  
NAME: **ABBADIE, WILLIAM**  
STREET ADDRESS: **9960 S.W. 131ST STREET**  
CITY-STATE-ZIP: **MIAMI FL 33176**

TITLE: **D**  DELETE  
NAME: **ABBADIE, MARICEL**  
STREET ADDRESS: **9960 S.W. 131ST STREET**  
CITY-STATE-ZIP: **MIAMI FL 33176**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

**PRES./DIR.**

**WILLIAM ABBADIE  
7840 S.W. 183 TERRACE  
MIAMI, FL. 33157**

**DIR.  
MARICEL ABBADIE  
7840 S.W. 183 TERRACE  
MIAMI, FL. 33157**

Change  Addition

Change  Addition

Change  Addition

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14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, if all I am an officer or director of this corporation or the registered 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 other format with an address.

SIGNATURE: **X** *William Abbadie* **WILLIAM ABBADIE/PRES.&DIR.**

4/15/96

(305) 477-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)