

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000039691 (9)

1. Corporation Name
PROFESSIONAL CUSTOMS LOGISTICS, INC.



Principal Place of Business
**2021 N.W. 114TH AVE.
 PEMBROKES PINES FL 33026**

Mailing Address
**2021 N.W. 114TH AVE.
 PEMBROKES PINES FL 33026-2017**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

29 30

9. Name and Address of Current Registered Agent

**MARRERO, ARTURO
 2021 N.W. 114TH AVE.
 PEMBROKE PINES FL 33026**

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 601.04(4) and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____ OFFICE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETED
NAME	MARRERO, ARTURO	
STREET ADDRESS	2021 N.W. 114TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VTD	<input type="checkbox"/> DELETED
NAME	MARRERO, OSVALDO	
STREET ADDRESS	6321 LAKE GENEVA ROAD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETED
NAME		
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TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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79000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
80000	

14. I do hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.04(3)(c), Florida Statutes. I further certify that the information indicated on this annual report is a true and correct report of the corporation's financial condition and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the principal officer or director of a corporation which is a subsidiary of the corporation reported on hereunder by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: _____

CREC034 (9/96)