

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000062843 (6)**

1. Corporation Name
S.W.I. CUSTOMS BROKERS, INC.



| | |
|--|--|
| Principal Place of Business 815 NW 57TH AVE SUITE 307 MIAMI FL 33126 | Mailing Address 815 NW 57TH AVE SUITE 307 MIAMI FL 33126 |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/09/1993 | 3a. Date of Last Report 04/24/1995 |
| 4. FET Number 65-0436536 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 7975 NW 154th Street | 2a. Mailing Address 26 7975 NW 154th Street |
| Suite, Apt. #, etc. 22 300 | Suite, Apt. #, etc. 27 300 |
| City & State 23 Miami Lakes, FL | City & State 28 Miami Lakes, FL |
| Zip 24 33016 | Country 25 USA |
| Zip 29 33016 | Country 30 USA |

9. Name and Address of Current Registered Agent

**BURKHART, STEVEN
815 NW 57TH AVE
SUITE 307
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
Burkhart, Steven

82 Street Address (P.O. Box Number is Not Acceptable)
7975 NW 154th Street

83
Suite 300

84 City
Miami Lakes, FL

85 Zip Code
FL 33016

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURKHART, STEVEN | |
| STREET ADDRESS | 815 NW 57TH AVE SUITE 307 | |
| CITY - ST - ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PAULSEN, DAVID H | |
| STREET ADDRESS | 815 NW 57TH AVE SUITE 307 | |
| CITY - ST - ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITLEY, HEBER | |
| STREET ADDRESS | 815 NW 57TH AVE SUITE 307 | |
| CITY - ST - ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Burkhart, Steven | |
| 1.3 STREET ADDRESS | 7975 NW 154th St., #300 | |
| 1.4 CITY - ST - ZIP | Miami Lakes, FL 33016 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Paulsen, David H | |
| 2.3 STREET ADDRESS | 7975 NW 154th St., #300 | |
| 2.4 CITY - ST - ZIP | Miami Lakes, FL 33016 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Whitley, Heber | |
| 3.3 STREET ADDRESS | 7975 NW 154th St., #300 | |
| 3.4 CITY - ST - ZIP | Miami Lakes, FL 33016 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Steven Burkhart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APR. 96 305-826-9996
Date: Daytime Phone #

CR2E084 (12/95)