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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000000246 (6)

C.B.I. CUSTOMS BROKERS, INC.

FILED May 05 1997 8:00am Secretary of State

Principal Piace of Business Mailing Address 2550 NW 72ND AVE. 2550 NW 72ND AVE. MIAMI FL 33122 SUITE 309 MIAMI FL 33122-1348				· · · · · · · · · · · · · · · · · · ·				
US US					3. Date Incorporated or Qualified			eport
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number 65-0457660	1	Aç	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	C	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be
Ζφ 24	Country 25	Zip	Count	ry	8. This corporation has liability for		ax under s	
=======================================	9. Name and Address of Currer				10. Name and Address of New Re			
PER	OZO, ANDRE		8	1 Name				
2550 NW 72ND AVE. Suite 309			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33122			8	3				
			8	4 City		FL	85 Zip	Code
agent Le SIGNATURI	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statut	ės.	poration submits this statement for the lition's board of directors. I hereby acce ared when re-instaling. ADDITIONS/CHANGES TO OFFI	DATE		
12. 11'11	PT OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		Change	Addition
NOME.	PEROZO, ANDRE	L Mill	1.2 NAM	1		Ĺ	"T Curendo	Addition
STREET ADDRESS	2550 NW 72ND AVE.			ET ADDRESS				
CHY-S1-ZIP	MIAMI FL 33122		1.4 CITY	· 1				
THUE	The state of the s		2 1 7171.6				Change	Addition
NAMI	FOLLMER, ROBERT C		2.2 NAM	E				
STREET ADDRESS	2914 NE LOQUAT LANE		23 STRE	ET ADDRESS				
CHY-51-70	JENSEN BEACH FL 34957		2. 4 CITY	-ST-ZIP				
TITLE	\$	☐ DELETE	3.1 7)TL8			T	Change	Addition
NAME	PEROZO, YOCASTA		3.2 NAM	1				
STREET ADDRESS	2550 NW 72ND AVE.			ET ADDRESS				
CUTY - S1 - 7IP	MIAMI FL 33122	DELETE	3.4. CITY	-ST-ZIP			Change	Addition
THUE		CT DEFET				L	L) Change	AUGILLON
NAM!			4. 2 NAN	ì				
STREEL ACTORESS		·		ET ADORESS				
007 - \$1 - 20: 100 f		☐ DELFTE.	4.4 CITY 5.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Т	Change	Addition
NAME		- · ·	5.2 NAM	1		_	- 4.	
STEEL LALONESS			1	ET ADDRESS				
CITY: \$1-2if			5.4 CITY					
THELE	and the second s	DELETE	6.1 TITLE			Ţ	Change	Addition
NAM:			6.2 NAM	E			•	
STREET ADDRESS.			6.3 STRE	ET ADDRESS				
CITY - ST. ZIP	Г		6 A CITY	-ST-21P				

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 armual 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 chment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0163078