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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400005872 (4)

AFROSPAN CUSTOMS INTERNATIONAL, INC.

FILED May 15 1998 8:00am Secretary of State

nclpal Place of Business	Mailing Address	t annistes and lang annistes and sales and sal
PRS NAV ROND AVENUE	1428 BRICKELL AVE	

Principal Place	e of Business	Mailing Address			I ARRINGSI ING PART BIRIN GRAFF BRITI BRITI BRITI		(64) bittisti	
3785 NW 82ND AVENUE SUITE 403 MIAMI FL 33166		1428 BRICKELL AVE. EIGHTH FLOOR MIAMI FL 33131		DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE			
US					 Date Incorporated or Qualified 01/14/1994 			
	lace of Business	2a. Mailing Address	e /	ا - با دا	4. FEI Number		Applied For	
21 1745		26 17451 COLLIA	15 F	ue	65-0443933		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State 23 MIA-M	1 BEACH, FL	City & State 28 MIAMI BEACH		<u>L</u>	Election Campaign Financing Trust Fund Contribution	•	May Be d to Fees	
7in	60 Country VSA	29 37160 30	Country	ŚA	This corporation owes or has paid the of Personal Property Tax due June 30.	current year	Intangible	
<u> </u>	9. Name and Address of Current	1-11	1 7	<u> </u>	10. Name and Address of New Registere			
AM	NASTER, JOSHUA D	· · ··· ······························	81	Name				
1428 BRICKELL AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	HTH FLOOR NMI FL 33131		83					
••••			84	City	-	85 Zi	p Code	
	007.0000	1607 4/00 51 11 0		l	F			
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	Signature, lyped or profed name of registered agent	MOTE PO			required when reinstalling) DATE			
12.	OFFICERS AND		13.	en egnature	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	OBS IN42	
TITLE	D	DELETE	1.1 TITLE			Change		
NAME	BOAZIZ, M.	/ %	1.2 NAME		COHEN, ABRAHAM ADISHON ST. 13/7		/ `	
STREET ADDRESS	2001 COLLINS AVE.		1.3 STREE	ADDRESS	AVISHUN SI. 1911	.00	ا بیر	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY - 8	ST-ZIP	MALCHA, DERUSALEM,			
TITLE		☐ DELE1E	2.1 TITLE			∐ Change	e 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE					
CITY-ST-ZIP TITLE		DELETE	2. 4 City- 3.1 Title	S1-ZIP		Change	e Addition	
NAME			3.2 NAME			L. Onlings	, D Madillion	
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4 CITY-					
TITLE		DELETE	4.1 TITLE			Change	e Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELÉTE	51 TITLE			Change	e Addition	
NAME	•		5.2 NAME		·		l	
STREET ADDRESS			5.3 STREET				ļ	
CITY-ST-ZIP TITLE		DELETE	5.4 C/TY - 5	31 - ZIP		Change	e Addition	
NAME		FT office	6.1 TITLE 6.2 NAME	/		L. Charige	, Dyough	
STREET ADDRESS			6.3 STRA	r Lanhacee			ነ	
CITY-ST-ZIP			6.4 CATY-S				İ	
	sertify that the information supplied with	this filing does not qualify for th			ed in Section 119.07(3)(i). Florida Statutes, I further	certify that t	he 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 in 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.