

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:41

DOCUMENT # P94000017828 (2)

1. Corporation Name
FLORIDA INTERNATIONAL SHIPPERS & MOVERS, INC.

Principal Place of Business: **545 HECKMAN STREET PHILLIPSBURG NJ 08855**
 Mailing Address: **44 W. FLAGLER ST. 14TH FLOOR MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 09/07/1994
4. FEI Number 65-0494221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Fee for Certificate of Status <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	2a. Mailing Address 26 3555 NORTHWEST 74th AVENUE
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FLORIDA
Zip 24	Country 29 33122 30 U.S.A.

9. Name and Address of Current Registered Agent SPECTOR, ANDREW R 44 W FLAGLER ST 14TH FLOOR MIAMI FL 33130				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)			
83				83			
84 City				84 City FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature type: (Current name, registered agent and fee collector) (NOTE: Registered Agent signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PVTS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESKI, RICHARD A	12 NAME	MARCHESKI, RICHARD A.
STREET ADDRESS	44 WEST FLAGLER STREET	13 STREET ADDRESS	3555 NORTHWEST 74th AVENUE
CITY, ST, ZIP	MIAMI FL 33130	14 CITY, ST, ZIP	MIAMI, FLORIDA 33122
TITLE		21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	OSUNA, RAUL
STREET ADDRESS		23 STREET ADDRESS	3555 NORTHWEST 74th AVENUE
CITY, ST, ZIP		24 CITY, ST, ZIP	MIAMI, FLORIDA 33122
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(3)(a), 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 13 of this report, or as an attachment with an address.

SIGNATURE:
 SIGNATURE ONLY TO BE PRINTED NAME OF BOARD OFFICER OR DIRECTOR
RAUL OSUNA

CR2E04 (3/95)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$225.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE + \$25.00 LATE FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
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Reminder:

- 1 Changes in addresses, officers and registered agent must be typed or printed in ink and legible
- 2 Include information in Blocks 3 and 4 if not preprinted by the computer.
- 3 Signature of the proper officer or director as noted in instructions for Block 14
- 4 Indicate liability for intangible tax under § 199.032, Florida Statutes, in Block 8
- 5 Submit with total amount due in the form of a separate check for each filing (Payable in United States Funds through a United States Bank to Department of State) Fee is \$225.00

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| <p>Block 1 Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report</p> <p>Block 2 Enter the principal place of business if different from the mailing address or if it has been changed from what was previously reported in Block 2</p> <p>Block 2a If the computer-entered mailing address is different from the principal place of business, you must</p> <p>Block 3 Enter the date of incorporation</p> <p>Block 3a Enter the file date of the last annual report</p> <p>Block 4 Complete Block 4 by entering the Federal Employer Identification Number (FEI) number. If you do not have an FEI number, you must</p> <p>Block 5 Should you desire a certified copy of the annual report, you must pay a fee of \$8.75 with your filing</p> <p>Block 6 Florida law allows for a volunteer to be elected as an officer or director of the corporation. If you have elected a volunteer, you must file the names of the officers and members of the Cabinet with the Department of State</p> <p>Block 8 Check the appropriate box indicating whether the corporation is a public utility, a common carrier, or a corporation engaged in interstate commerce. If you check any of these boxes, you must provide the correct information for service of process</p> <p>Block 9 The law requires that each corporation have a registered agent in Block 10. There is no additional fee for a registered agent</p> <p>Block 10 Enter name of new Registered Agent. THE CORPORATION CANNOT HAVE A REGISTERED AGENT WHO IS AN OFFICER OR DIRECTOR OF THE CORPORATION</p> <p>Block 11 The new registered agent must sign in Block 11. No signature is required for the current registered agent. If you are changing your registered agent, you must sign their position with the corporation</p> <p>Block 12 Block 12 contains the last information reported in Block 13. If there is no change in information, you must indicate this by checking the appropriate box. If there is a change, you must provide the correct information</p> <p>Block 13 Block 13 is for changes or a new registered agent. If you are changing your registered agent, you must provide the correct information. If you are changing your registered agent, you must provide the correct information. If you are changing your registered agent, you must provide the correct information. If you are changing your registered agent, you must provide the correct information.</p> <p>Block 14 This report must be signed by the president or a director of the corporation. If the corporation is a public utility, common carrier, or corporation engaged in interstate commerce, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable</p> | <p>PLEASE NOTE NEW ADDRESS FOR OFFICERS AND DIRECTORS:</p> <p>MARCHESKI, RICHARD A.
 6405 NW 36 Street
 Suite 202-M
 Miami, FL 33166</p> <p>OSUNA, RAUL
 6405 NW 36 Street
 Suite 202-M
 Miami, FL 33166</p> | <p>d in Block 4, you must</p> <p>nal \$8.75 with your filing</p> <p>ne offices of the Governor</p> <p>the correct information</p> <p>for service of process</p> <p>ment by completing and person signing must state</p> <p>sitions are to be made in</p> <p>ing type symbols on the in one position, enter all s address is confidential no street address, enter</p> <p>Corporation that is listed</p> |
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Send only 1995 Preprinted Annual Reports with stub and check to:
 Division of Corporations
 Annual Reports
 Post Office Box 1500
 Tallahassee, Florida 32302-1500
 Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:
 Annual Reports Section
 Division of Corporations
 Post Office Box 6327
 Tallahassee, Florida 32314
Street Address (Overnight Delivery):
 409 East Gaines Street
 Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.