

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024403 (5)

1. Corporation Name

DIRECT FORWARDING, INC.

Principal Place of Business

8309 N.W. 66 ST.
MIAMI FL 33166

Mailing Address

8309 N.W. 66 ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1994

3a. Date of Last Report

2. Principal Place of Business

21 8309 NW 66th ST

Suite, Apt. #, etc.

2a. Mailing Address

26 8309 NW 66th ST

Suite, Apt. #, etc.

4. FEI Number

65-0477948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

22 SAME

27 SAME

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FL

24 33166

Country

25 DADE

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDERO, MARGARITA
8309 N.W. 66 ST.
MIAMI FL 33166

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 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 607.0509, Florida Statutes.

SIGNATURE

NOT APPLICABLE

T/S/D

APRIL 25, 1995

Signature typed or printed name of registered agent and title (if applicable)

Signature typed or printed name of registered agent and title (if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	VELOZ, JUAN R
STREET ADDRESS	8309 N.W. 66 ST.
CITY - ST - ZIP	MIAMI FL 33166
TITLE	TSD
NAME	CORDERO, MARGARITA
STREET ADDRESS	854 N.W. 87 AVE., APT. 509
CITY - ST - ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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 on an attachment with an address.

SIGNATURE:

Margarita Cordero
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T/S/D

4/25/95

(305) 592-0206