

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90085 039 \*\*\*158.75

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DOCUMENT # **P94000048663**

1. Corporation Name  
**TRADE WINDS FORWARDING, INC.**

Principal Place of Business  
13501 SW 128TH ST  
SUITE 115  
MIAMI FL 33131

Mailing Address  
13501 SW 128TH ST  
SUITE 115  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8100 N.W. 68th Street

Suite, Apt. #, etc.

22

City & State  
Miami, Florida

Zip Country  
33166 U.S.A.

24

2a. Mailing Address

26 8100 N.W. 68th Street

Suite, Apt. #, etc.

27

City & State  
Miami, Florida

Zip Country  
33166 U.S.A.

29

30 U.S.A.

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

65-0519117

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

XX No

9. Name and Address of Current Registered Agent

IRITH MONTERROSO  
13501 SW 128TH ST.  
SUITE 114  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
8100 N.W. 68th Street

83

84 City  
Miami

FL

85 Zip Code  
33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D ROSE, FRITS**  
STREET ADDRESS **KORNERUPREJ 4 DK 2700**  
CITY-ST-ZIP **BRONSHOJ, DENMARK**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
2.2 NAME Monterroso, Hugo  
2.3 STREET ADDRESS 15024 S.W. 139th Avenue  
2.4 CITY-ST-ZIP Miami, FL 33186

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 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13/99

Date

(305) 463-9488

Daytime Phone #

CR2E034 (11/98)