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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044214 (0)
1. Corporation Name
INTERWAY FREIGHT FORWARDER CORP.



Principal Place of Business 10905 SW 146TH PL MIAMI FL 33186	Mailing Address 10905 SW 146TH PL MIAMI FL 33186-8810
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0674438	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WALTEROS, MARIA INE'S
9880 HAMMOCKS BOULEVARD
UNIT 101
MIAMI FL 33196**

10. Name and Address of New Registered Agent

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 607.002 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 I accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GENERAL MANAGER (PRESIDENT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARIA INES WALTEROS
1.3 STREET ADDRESS	10905 SW 146 PL
1.4 CITY - ST - ZIP	MIAMI FL 33186
2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	INES WALTEROS
2.3 STREET ADDRESS	10905 SW 146 PL
2.4 CITY - ST - ZIP	MIAMI FL 33186
3.1 TITLE	Import & Export Consult (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jorge O. Waisman
3.3 STREET ADDRESS	10905 SW 146 PL
3.4 CITY - ST - ZIP	MIAMI FL 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* DATE: **April 15/97** (305) 385-0352

CR2E034 (9/96)