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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000078573 (8)**

1. Corporation Name
BOTTOM LINE FORWARDERS CORP.

Principal Place of Business
10302 NW SOUTH RIVER DRIVE STE 19
MEDLEY FL 33178

Mailing Address
10302 NW SOUTH RIVER DRIVE STE 19
MEDLEY FL 33178-1331

3. Date Incorporated or Qualified: **09/20/1996**
3a. Date of Last Report: 9-20-96

2. Principal Place of Business
21 10302 NW So. River Drive
22 Suite 19
23 Medley, FL
24 Zip: 33178
25 Country: USA

2a. Mailing Address
26 10302 NW So. River Dr.
27 Suite 19
28 Medley, FL
29 Zip: 33178
30 Country: USA

4. FEI Number: 65-0692194 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASTRO, WALDY
2921 LOUISE STREET
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name: Waldy Castro
82 Street Address (P.O. Box Number is Not Acceptable): 10645 NW 7 Street
83
84 City: Pembroke Pines FL
85 Zip Code: 33026

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: President — 1-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	CASTRO, WALDY
STREET ADDRESS	2921 LOUISE STREET
CITY-ST-ZIP	COCONUT GROVE FL 33133
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	President/Director ☒ Change ☐ Addition
1.2 NAME	Waldy Castro
1.3 STREET ADDRESS	10645 NW 7 Street
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026
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	

CR2E034 (9/96)

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: 1-27-97 (305) 887-8890