Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90054 003 \*\*\*150.00

## 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

## DOCUMENT # P97000026689

1. Corporation Name

SOUTH FLORIDA CUSTOM BROKERS, INC.

Principal Place of Business Mailing Address					I JANIERAS LIN INISTITUTE NASILI	111 40110 [1010 45146 0151	)) (@148 (B14 (BE)	
6920 SW 56TH CT 6920 SOUTHWEST 56TH CO								
FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 3331 US					DO NOT WRITE IF	N THIS SPACE		
					3. Date Incorporated or Qualifed			
					03/25/1997			1
2. Principal Pl	lace of Business	2a. Mailing Address		*	4. FEI Number	A	pplied For	
21		26			65-0809194		lot Applicable	-
Suite: Ant	#:etc	Suite, Apt. #, etc.	<del></del>		5 Certificate of Status Desired	, ,	Additional Required	Ì
22	<u>.                                      </u>	27 City & State			S. S	<del></del>		
City & State	e ,·	City & State		•	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	l
Zip	Country	Zip	Country	,	8. This corporation owes the current y			Ì
24	[25]	29 30	, '	•	Personal Property Tax.	Yes	₩No	ĺ
	9. Name and Address of Current				10. Name and Address of New Regis	stered Agent		ı
			81	Name				ĺ
( - " '	IANO, PIGNATO		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
6920 SW 56TH CT DAVIE FL 33314				ļ		·		ĺ
DAVI	E FL 33314		83					
			84	City	,, ,, , , , , , , , , , , , , , , , ,	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the purp	ose of changing it	s registered	ĺ
l office or a	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was autho	onzed by	tne corpora	tion's board of directors. I hereby accept the	appointment as n	egistered	
SIGNATURE		,						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:			nt signature requ		DATE DIRECT	ODC IN 12	. 6
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	Change		1
TITLE	D   Pignato, Damiano J	C pecere	1.2 NAME	•			_	-
NAME CTDCCT ADODESS	AGGO COLUMNICOT COTIL COLUMN			T ADDRESS				8
CITY-ST-ZIP	CORT LAUDEDDALE EL COCAA			T-ZiP				Š
TITLE			2.1 TITLE			☐ Change	☐ Addition	(
NAME			2.2 NAME					ت
OTREET ADDRESS	TADDRESS = 6020 SOUTHWEST-56TH COURT			T ADDRESS		•	ı	l
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP				}
TITLE	_		3.1 TITLE			. Change	☐ Addition	
NAME			3.2 NAME				ļ	1
STREET ADDRESS	, ·			T ADDRESS			]	
CITY-ST-ZIP			3.4. CITY-5 4.1 TITLE	ST-ZIP		. Change	Addition	İ
TITLE	·		4.1 MLE	ļ				Į
NAME				T ADDRESS				
STREET ADDRESS			4.3 STREE				ļ	{
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1 44	3	Change	☐ Addition	1
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREE	T ADDRESS			İ	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				]
TITLE	DELETE 6.1 T		6.1 TITLE	-		Change	☐ Addition	

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 inchanged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP