FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26332 (4)

1. Corporation Name
MIAMI CUSTOMS SERVICES INC.

Principal Place of Business	Mailing Address
19810 N.W. 88TH COURT MIAMI FL 33015-6222	19810 N.W. 88TH COURT MIAMI FL 33015-6222

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/18/1991
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0247626 ☐ 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

GONZALEZ, SAMUEL S.
19810 N.W. 88TH COURT
MIAMI FL 33013

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice-President ☐ Change ☒ Addition
NAME	GONZALEZ, SAMUEL S.	1.2 NAME	Gonzalez, Josefa Yazmin
STREET ADDRESS	19810 NW 88TH COURT	1.3 STREET ADDRESS	19610 NW 88 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33015
TITLE	VST	2.1 TITLE	☐ Change ☒ Addition
NAME	GONZALEZ, SAMUEL S.	2.2 NAME	Gonzalez, Margarita
STREET ADDRESS	19810 NW 88TH COURT	2.3 STREET ADDRESS	860 E 22nd Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE		3.1 TITLE	(SECRETARY) ☐ Change ☒ Addition
NAME		3.2 NAME	Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Sao, Maria Magdalena
CITY-ST-ZIP		3.4 CITY-ST-ZIP	5369 W 23 Ct Hialeah, Fl. 33016
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] 02-21-95 305-599-2151
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR OR OFFICER OR DIRECTOR — Date — Daytime Phone #