

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Jan 23 1996 8:00 am  
Secretary of State

DOCUMENT # **S44467** (6)

1. Corporation Name  
**TRANS WORLD FORWARDING, INC.**



Principal Place of Business Mailing Address  
**350 WEST PARK DRIVE SUITE 204 MIAMI FL 33172** **1200 B.W. 78TH AVENUE 113 MIAMI FL 33126 US**

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0324098** 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

2. Principal Place of Business 2a. Mailing Address  
21 **2894 NW 79 AVENUE** 26 **2894 NW 79 AVENUE**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**  
24 **33122** 25 **US** 29 **33122** 30 **US**

9. Name and Address of Current Registered Agent **BOIANGIN, HANAN J. 5755 SOUTHWEST 69TH AVENUE MIAMI FL**  
10. Name and Address of New Registered Agent  
81 Name **HANAN J. BOIANGIN**  
82 Street Address (P.O. Box Number is Not Acceptable) **2894 NW 79 AVENUE**  
83  
84 City **MIAMI** 85 Zip Code **FL 33122**

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]* DATE **01-17-96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOIANGIN, HANAN J.</b>	1.2 NAME	
STREET ADDRESS	<b>350 W. PARK DR., #204</b>	1.3 STREET ADDRESS	<b>2894 NW 79 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIVOGEL, EDWARD D.</b>	2.2 NAME	
STREET ADDRESS	<b>350 W. PARK DR., #204</b>	2.3 STREET ADDRESS	<b>2894 NW 79 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOIANGIN, DAN C.</b>	3.2 NAME	
STREET ADDRESS	<b>350 W. PARK DR., #204</b>	3.3 STREET ADDRESS	<b>2894 NW 79 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 **01-17-96** 3055979145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (12/95)