

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S44467 (6)
 1. Corporation Name: **TRANS WORLD FORWARDING, INC.**

Principal Place of Business: 2894 NW 79TH AVE MIAMI, FL 33122 USA	Mailing Address: 2894 NW 79TH AVE MIAMI, FL 33122 USA
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **04/08/1991**

2. Principal Place of Business: 21 2894 NW 79TH AVE Suite, Apt #, etc.	2a. Mailing Address: 26 2894 NW 79TH AVE Suite, Apt #, etc.	4. FEI Number: 65-0324098	Applied For: <input type="checkbox"/> Not Applicable
22 City & State: 23 MIAMI, FLORIDA Zip: 24 33122	27 City & State: 28 MIAMI, FLORIDA Zip: 29 33122	5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
25 USA	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent:
**HANAN BOIANGIN
 2894 NW 79TH AVE
 MIAMI, FL 33122
 USA**

10. Name and Address of New Registered Agent:
 81 Name: **EDWARD MEIVOGEL**
 82 Street Address (P.O. Box Number is Not Acceptable): **2894 NW 79TH AVE**
 83
 84 City: **MIAMI** FL 85 Zip Code: **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 607.0605, Florida Statutes.
 SIGNATURE: *[Signature]* **Edward Meivogel** DATE: **05-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: BOIANGIN, HANAN J.	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2894 NW 79TH AVE	CITY-ST-ZIP: MIAMI, FL 33122	12 NAME:	
TITLE: PD <input type="checkbox"/> DELETE	NAME: MEIVOGEL, EDWARD D.	13 STREET ADDRESS:	
STREET ADDRESS: 2894 NW 79TH AVE	CITY-ST-ZIP: MIAMI, FL 33122	14 CITY-ST-ZIP:	
TITLE: STD <input type="checkbox"/> DELETE	NAME: BOIANGIN, DAN C.	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2894 NW 79TH AVE	CITY-ST-ZIP: MIAMI, FL 33122	22 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	23 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	800002553328
TITLE: <input type="checkbox"/> DELETE	NAME:	53 STREET ADDRESS:	-06/09/98--01087--049
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	***8.75
TITLE: <input type="checkbox"/> DELETE	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	800002553328
TITLE: <input type="checkbox"/> DELETE	NAME:	63 STREET ADDRESS:	-06/09/98--01087--048
STREET ADDRESS:	CITY-ST-ZIP:	64 CITY-ST-ZIP:	***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exception 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 created after filing with an address.

SIGNATURE: *[Signature]* **Edward Meivogel** DATE: **05/19/98** DAYTIME PHONE #: **(305) 597-9145**

CR2E034 (10/97)