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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 564956

(1)

Mailing Address

SELECT EXPORT CORPORATION

FILED

Jan 29 1997 8:00am

Secretary of State

7395 PIONEER West Palm 8 US	RD. BEACH FL 33413	3900 GALT OCEAN DR 8 10 33308-6609	STE 1701		
				3. Date Incorporated or Qualified 01/03/1978	3a. Date of Last Report 01/25/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 2800 N.W. 55th Ct.		26 7395 Pioneer Road		59-1789815	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e Lauderdale, Flori	City & State das W.Palm Bet	ach,Florida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33309		Zφ 29 33413	Country 30 USA		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	jistered Agent
	ebius, Herbert E.		81 Name		
APT	0 galt ocean drive 1. 1701			dress (P.O. Box Number is Not Acceptab	le)
FT (LAUDERDALE FL 33308		83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	rporation submits this statement for the plation's board of directors. I horeby accept	urpose of changing its registered it the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		TE Registered Agent signature req	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	S	DELETE	1.1 TITLE	ADDITIONS/OFFAIGLES TO OFFICE	Change Addition
NAME	MOEBIUS, EDELTRAUD		1.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR #1701		1 3 STHEET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE	TP .	DELETE	2.1 TITLE		Change Addition
NAME	MOEBIUS, HERBERT E.	_	2.2 NAME		
STREET ADDRESS	3900 GALT OCEAN DR #1701		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	4 1 TALE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ACCURESS		
CITY-ST-ZIP			64 CHY-ST-ZIP		

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.

01/21/07

561-615-9989