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 # 564956 1. Corporation Name

SELECT EXPORT CORPORATION

Principal Place of Business Mailing Address					- I FREIN OFFIN BINT OFFIN THE MINT MINT MINT	. 82811 91911 91911 81811 91811 1891	
2800 NW 55TH CT.		7395 PIONEER ROAD					
FT LAUDERDALE FL 33309		W. PALM BEACH FL 33413		TO MOT MIDITE IN THE	0.00405		
US	US US				DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	5 SPACE	\neg
					01/03/1978		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
- i '		26		59-1789815	Not Applicable	a	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certifcate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees	4
Zip			Country	1	8. This corporation owes the current year I		-
24	25	29 30	1		Personal Property Tax.		\dashv
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	1 Agent	\dashv
MOE	BIUS, HERBERT E.		"	Name			
	GALT OCEAN DRIVE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	. 1701		83				-
	AUDERDALE FL 33308		03	<u>'</u>		是於可有6倍的自然數	
	STODE NECT COOCC		84	City	, F	85 Zip Code	
	1 11 Continue 607 050	2 and 607 1509 Florida Statutos	the above	e-named com	oration submits this statement for the nurroose	of changing its registered	\dashv
office or n	egistered agent, or both, in the State of manifer with, and accept the obligation	of Florida. Such change was autho	orized by	the corporation	on's board of directors. I hereby accept the app	ointment as registered	Ì
SIGNATURE	in the second						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	\dashv
12.	OFFICERS AND DIRECTORS 13.		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition	on
TITLE	MOEBIUS, EDELTRAUD		1.2 NAME			_ ,	
NAME	3900 GALT OCEAN DR #1701		ì	T ADDRESS			
STREET ADDRESS	FT LAUDERDALE FL		1.4 C/TY-9				ŀ
CITY-ST-ZIP	TP	DELETE	2.1 TITLE	51-245		☐ Change ☐ Addition	on
	MOEBIUS, HERBERT E.		2.2 NAME				
NAME	0000 CALT OCEAN DD #1701			TADDRESS			-
STREET ADDRESS	THE ALL DEPOSIT OF THE STATE OF		2.4 CITY-				
CITY-ST-ZIP	1101002110/12212	☐ DELETE	3.1 TITLE	01-2.11		☐ Change ☐ Addition	on
NAME		_	3.2 NAME				ļ
STREET ADDRESS				ET ADDRESS			
* .			3.4. CITY-				63.
CITY-ST-ZIP			4.1 TITLE	<u> </u>		☐ Change ☐ Addition	ān
NAME		-	4. 2 NAME	.			
STREET ADDRESS				TADORESS			Ì
CITY-ST-ZIP			4.4 CITY-	1			
TITLE			5.1 TITLE			☐ Change ☐ Addition	on
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 61T		6.1 TITLE			☐ Change ☐ Addition	on
		•	6.2 NAME				

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90002 034 ***150.00