

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

DOCUMENT # **F03100** (7)
1. Corporation Name
GREAT IMPORT & EXPORT, CORP.



Principal Place of Business: **18866 NW 63 COURT CIRCLE MIAMI FL 33015**
Mailing Address: **2085 GRAND AVENUE 106 ST. PAUL MN 55105 US**

3. Date Incorporated or Qualified: **10/24/1980**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **59-2166316**
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: **21**
2a. Mailing Address: **26 3057 COPPER OAKS TRAIL**
Suite, Apt. #, etc.: **22**
City & State: **23** **WOODBURY, MN 55125**
Zip: **24** **55125** Country: **25** **US**
Country: **29** **US**

9. Name and Address of Current Registered Agent
TOBON, JUAN CARLOS
18866 NW 63 COURT CIRCLE
MIAMI FL 33015

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	TOBON, JUAN CARLOS
STREET ADDRESS	18866 NW 63RD COURT CIR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SUAREZ, PATRICIA
STREET ADDRESS	2085 GRAND AVE #106
CITY-ST-ZIP	ST. PAUL MN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAIRMAN OF THE BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HECTOR TOBON
1.3 STREET ADDRESS	3057 COPPER OAKS TRAIL
1.4 CITY-ST-ZIP	WOODBURY, MN 55125
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAWRENCE KOSLOW
2.3 STREET ADDRESS	1100 INTERNATIONAL CENTRE 900 2ND. AVE. SOUTH.
2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55402-3397
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUAN CARLOS TOBON
3.3 STREET ADDRESS	3057 COPPER OAKS TRAIL
3.4 CITY-ST-ZIP	WOODBURY, MN 55125
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATRICIA SUAREZ
4.3 STREET ADDRESS	3057 COPPER OAKS TRAIL
4.4 CITY-ST-ZIP	WOODBURY, MN 55125.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l)(4), 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: JUAN CARLOS TOBON / PRESIDENT Date: 03/07/96 Daytime Phone #: (612) 5787429

CR2E034 (12/95)