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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

POCI	UMENT # F0310	0 (7)				
	AT IMPORT & EXPORT, COR	Р.				
Principal Place of Business Mailing Address						SINDS DIDER ELDSK DERSY DERSY 1804
18886 NW 63 COURT CIRCLE		3057 COOPER OAKS TRAIL				
- MIAMI FL 33015		WOODBURY MN 55125 US		DO NOT WOITE IN TA	JID DDAOE	
		US			DO NOT WRITE IN THE	IIS SPACE
`					10/24/1980	
2. Principa	2. Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21	26				59-2166316	Not Applicable
		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State	City & State			Fee Required
23		28	⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country		6. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	∐ Yes ∐ No
	 Name and Address of Currel TOBON, JUAN CARLOS 	nt Registered Agent	61	Name	10. Name and Address of New Register	ed Agent
	18866 NW 63 COURT CIRCLE		L			
MIAMI FL 33015			82	Street	Address (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statute				a-named		
office	or registered agent, or both, in the State	of Florida, Such change was lations of Section 607,0505, Fl	authorized by	the corp	d corporation submits this statement for the purpos rporation's board of directors, I hereby accept the	appointment as registered
SIGNATUR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
	Signature, typed or printed frame of registered ag-			ent aignature	e required when reinstating) DAT	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	TOBON, JUAN CARLOS		1.2 NAME		j'	
STREET ADDRE	40000 ANY CODD COURT OF	}	1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	T-21P		
TITLE	D	DELETE	2.1 TITLE D		DIRECTOR	Change
NAME	SUAREZ, PATRICIA		2.2 NAME		SUARREZ, PATRICIA 3057 COPPER DAKS TRL.	
STREET ADDRE	CT DATE AND		2.3 STREET			
CITY-ST-ZIP TITLE	SI. FAUL MIN		2. 4 CITY-1	ST-ZIP	Woodenry, MN 55125	Change Addition
NAME		E DECENE	3.1 TITLE 3.2 NAME]	□ cutation □ vacation
STREET ADORE	ec		3.3 STREET	ADDRESS	1	
CITY-ST-ZIP			3.4. CITY-1			
TITLE	☐ DÉLETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADORE	SS		4.3 STREET	ADDRESS	1	
CITY-ST-ZIP	T par eve		4.4 CITY S	T-ZIP		T A A APPLIA
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME PTOTET LODGE	20		5.2 NAME	ADDOCAA		
STREET ADORE	» [5.4 City - S		\	ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	I - ZIF		Change Addition
NAME		_	6.2 NAME			
STREET ADDRE	ss		6.3 STREET	ADDRESS		
0777 67 70	1		64000	T 710	1	

14. Thereby 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 suppliemental 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 frustee 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:

UNITY-31-2IF

LORD STORM

OS (517)-51-2IF

OS (

SIGNATURE:

(612)5+8+433