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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

G37677

(3)

PIONEER IMPORT AND EXPORT CO., INC.

FILED Jul 18 1996 8:00am Secretary of State



Principal Place	of Business	Mailing Address					j l
11150 SW 61 MIAMI FL 33		11150 SW 67TH AVE. MIAMI FL 33156					
						3, Date Incorporated or Qualified 3a. Date of Last Report 05/05/1983 05/01/1995	į
Principal Place of Business Section Principal Place of Business		28. Mailing Address 26				4. FEI Number Applied For 59-2297580 Not Applied	ole
Suite, Apt. #	₹, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip 24	Country 25	Zij)	Country 30			B. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	nt Registered Agent	1551	10. Name and Address of New Registered Agent				
<u> </u>				B1	Name		\dashv
DEL AM	O, CARLOS C., JR.		1	82	Street Addres	SS (P.O. Box Number is Not Acceptable)	\dashv
11150 S MIAMIF	i.W. 67TH AVE. IL 33156		1	83			
				64	City	FL 85 Zip Code	\dashv
or registere		rida. Such change was authorize	nd by the co			ion submits this statement for the purpose of changing its registered of of directors. I hereby accept the appointment as registered agent, I am	
SIGNATURE _							
	Signature, typed or printed name of registered aper	ND DIRECTORS	13.	Agent	signatura requirea w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD DELETE		1. 1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
NAME	DEL AMO, CARLOS, SR.			1.2 NAME		La consigning to state of	
STREET ADDRESS	11150 S.W. 67TH AVENUE				NDDRESS		
CITY-ST-ZIP	MIAMI FL		1	1.4 CITY - ST - ZIP			ſ
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NAME	DEL AMO, CARLOS, JR.		2.2 NAME			— · -	
STREET ADDRESS	13250 S.W. 46TH ST.		2.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CIT	Y-S1-	- ZiP		ĺ
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NAME			4.2 NAN	ИE			į
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NAME .			5.2 NAN				ļ
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TITLE		☐ DELETE		6. 1 TITLE		Change Addition	' [
NAME			6.2 NAV				ĺ
STREET ADDRESS					DORESS		
Cify-St-ziP	certify that the information supplied	with this films is voluntarily furni	6.4 CITY shed and d			the exemption stated in Section 119.07(3)(k). Florida Statutes, I further	

certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the combration 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 ap-exactment with an address.