## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K56631

(0)

DOCUMENT #

REGENCY IMPORT & EXPORT, INC.

Principal Place of Business

Mailing Address



|  | ) S.W. 1681H TEAH<br>Ui FL 33157  | 9940 S.W. 1687<br>Miami Fl 3315;<br>US |               |                     |                                  | 3. Date Incorporated or Qualified 01/09/1989 | 3a. Date                          | of Last F    |                |  |  |
|--|---|--|---------------|---------------------|----------------------------------|--|-----------------------------------|--------------|----------------|--|--|
| 2. Prin                                  | ncipal Place of Business  | 2a. Mailing Addres                     |               |                     |                                  | 4. FEI N.imber                               | U                                 | אן עוטענ     |                |  |  |
| 21                                       | 26  |  |               |                     |                                  | 65-0101286                                   |                                   |              | Applied For    |  |  |
|  | e, Apt. #, etc. Suite, Apl. #, etc  |  |               |                     |                                  | ¢0.75  |                                   |              | Not Applicable |  |  |
| 22                                       |   |  |               |                     | 5. Certificate of Status Desired |  | \$8.75 Additional<br>Fee Required |              |                |  |  |
|  | & State   | City & State                           | City & State  |                     |                                  | 6. Election Campaign Financing               |                                   | 55.00 May Be |                |  |  |
| 23                                       | 28  |  |               |                     |                                  | Trust Fund Contribution                      |                                   |              | ed to Fees     |  |  |
| Zip                                      | Country   | Zip                                    | Cou           | ntry                |                                  | 8. This corporation has liability for in     | ntangible ta                      |              |                |  |  |
| 24                                       | 25  | 29                                     | 30            |                     |                                  | Florida Statutes                             | □ No                              |              |                |  |  |
|  | 9. Name and Address of Curre  | ent Registered Agent                   |               | 81                  | r                                | 10. Name and Address of New Re               | gistered A                        | gent         |                |  |  |
| PREVITI, PETER<br>5825 SUNSET DR STE 210 |   |  |               |                     |                                  | Address (P.O. Box Number is Not Acceptable)  |                                   |              |                |  |  |
|  | NAMI FL 33143   |  |               | 83                  |                                  |  |                                   |              |                |  |  |
|  |   |  |               | 84                  | Crty                             |  | FL                                | <b>85</b> Z  | p Code         |  |  |
|  | miliar with, and accept the obligations of Sec<br>TURE Superine typed or practed here of registerating. |  | toti fog bort | V <sup>≠</sup> II   | 1 signat ac require              |  | CMTs                              |              |                |  |  |
| TITLE                                    |   | D DELETE                               |               | 1 1 TITLE           |                                  | ADDITIONS/CHANGES TO OFFIC                   |                                   |              |                |  |  |
| NAME                                     | •   | FONOVEE A FOROVE                       |               | 1.2 NAME            |                                  |  | L_                                | ] Change     | Addition 🔲     |  |  |
| STREET A                                 |   |  |               |                     | ADDRESS                          |  |                                   |              |                |  |  |
| City-St-                                 |   |  |               |                     |                                  |  |                                   |              |                |  |  |
| TITLE                                    | n n   |  |               |                     | 1 - ZIP                          |  |                                   | ] Change     | ☐ Addition     |  |  |
| NAME                                     | FONGYEE, RODERICK   | _ =                                    |               | HE<br>ME            |                                  |  | L                                 | J Change     | Addition       |  |  |
| STREET A                                 | 1   |  | i i           |                     | ADDRESS                          |  |                                   |              |                |  |  |
| CiTY-SI-                                 |   |  | 2 4 CII       |                     |                                  |  |                                   |              |                |  |  |
| TITLE                                    | S   | DELE:                                  |               |                     |                                  |  | Г                                 | ) Change     | ☐ Addition     |  |  |
| NAME                                     | HUGH, SANDRA  |  | 3 2 NA        | Μſ                  |                                  |  | -                                 | ,            |                |  |  |
| STREET A                                 | <del>.</del>  |  | 3 3 SI        | THEEL               | ADDRESS                          |  |                                   |              |                |  |  |
| CITY - ST-                               | ZIP MIAMI FL.   | MIAMI FL 34                            |               | 3.4 CITY - ST - ZIP |                                  |  |                                   |              |                |  |  |
| TITLE                                    |   | DELET                                  | 4 1 TI        | 1LF                 |                                  |  |                                   | ] Change     | Addition       |  |  |
| NAME                                     |   |  | 4.2 NA        | MŁ.                 |                                  |  |                                   | -            | _              |  |  |
| STREET AC                                | DORESS  |  | 43\$1         | REET                | ADDRESS                          |  |                                   |              |                |  |  |
| CITY-ST-                                 | ZIP   |  | 4.4.00        | Y-\$1               | T-ZIP                            |  |                                   |              |                |  |  |
| TITLE                                    |   | DELETI                                 |               |                     |                                  |  | Ë                                 | Change       | ☐ Addition     |  |  |
| NAME                                     |   |  | 5.2 NA        | Μŧ                  |                                  |  |                                   |              |                |  |  |
| CIDICI M                                 | procee  |  | •             |                     |                                  |  |                                   |              |                |  |  |

64 CHY-S1 ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if chapter 607 on an attachment with an address.

6 1 THILE

62 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

NAME

GNING OFFICER OR DIRECTOR

DELETE

4-29-96 (305)233-9403

☐ Change ☐ Addition

CR2E034 (12/95)