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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L29947 (3) 1. Corporation Name MIAMI EXPORT, INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511

3. Date Incorporated or Qualified 11/13/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0174927 Applied For Not Applicable 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 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145 Country 25 US 2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145 Country 30 US

9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY #200 MIAMI FL 33145

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 607.0503, Florida Statutes.

SIGNATURE: [Signature] AMADA CANTERA LOPEZ, PRES 4/23/97 DATE

12. OFFICERS AND DIRECTORS 1. TITLE PD 2. NAME ZACROISKY, BERTA 3. STREET ADDRESS 5660 COLLINS AVE., #21C 4. CITY-ST-ZIP MIAMI BEACH FL 5. TITLE STD 6. NAME SILBER, FANNY 7. STREET ADDRESS 7501 CENTER BAY DRIVE 8. CITY-ST-ZIP N. BAY VILLAGE FL 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. TITLE Change Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE Change Addition 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP 9. TITLE Change Addition 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE Change Addition 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE Change Addition 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP

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14. I do 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Berta Zacroisky (Pres) 4/23/97 DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)