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

APPROVED AND FILED

99 APR -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0217375

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L29947**

1. Corporation Name
**MIAMI EXPORT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2300 CORAL WAY<br>#200<br>MIAMI FL 33145 | 2300 CORAL WAY<br>#200<br>MIAMI FL 33145 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**11/13/1989**

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2300 CORAL WAY | 26 2300 CORAL WAY |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| 22 SUITE # 200 | 27 SUITE # 200 |
| City & State | City & State |
| 23 MIAMI FLORIDA | 28 MIAMI FLORIDA |
| Zip Country | Zip Country |
| 24 33145 25 U.S. | 29 33145 30 U.S. |

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 corporations 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 [signature] AMADA CANTERA LOPEZ. PRES. 3/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if agent is changing.) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | [ ] DELETE | 11 TITLE [ ] Change [ ] Add |
| NAME | ZACROISKY, BERTA | | 12 NAME |
| STREET ADDRESS | 5660 COLLINS AVE., #21C | | 13 STREET ADDRESS |
| CITY-ST-ZIP | MIAMI BEACH FL | | 14 CITY-ST-ZIP |
| TITLE | STD | [ ] DELETE | 21 TITLE [ ] Change [ ] Add |
| NAME | SILBER, FANNY | | 22 NAME |
| STREET ADDRESS | 7501 CENTER BAY DRIVE | | 23 STREET ADDRESS |
| CITY-ST-ZIP | N. BAY VILLAGE FL | | 24 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 31 TITLE [ ] Change [ ] Add |
| NAME | | | 32 NAME |
| STREET ADDRESS | | | 33 STREET ADDRESS |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 41 TITLE [ ] Change [ ] Add |
| NAME | | | 42 NAME |
| STREET ADDRESS | | | 43 STREET ADDRESS |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 51 TITLE [ ] Change [ ] Add |
| NAME | | | 52 NAME |
| STREET ADDRESS | | | 53 STREET ADDRESS |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 61 TITLE [ ] Change [ ] Add |
| NAME | | | 62 NAME |
| STREET ADDRESS | | | 63 STREET ADDRESS |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP |

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-04/12/99--01138--020
****150.00 ****150.00

$8.75

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Berta Zacroisky (Pres) 3/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
BERTA ZACROISKY. PRES

CR2E034 (11/98)