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**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90005 015 \*\*\*550.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P27162**

Corporation Name  
**WEST INDIES EXPORT S.A. CORPORATION**



Principal Place of Business 3727 SW 152ND STREET SUITE 325 MIAMI FL 33177 S	Mailing Address 13727 SW 152ND STREET SUITE 325 MIAMI FL 33177 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/06/1989</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. Principal Place of Business <b>9370 SUNSET DRIVE</b> Suite, Apt. #, etc. <b>A-100</b> City & State <b>MIAMI, FL</b> Zip <b>33173</b> Country <b>25</b>	2a. Mailing Address <b>9370 SUNSET DRIVE</b> Suite, Apt. #, etc. <b>A-100</b> City & State <b>MIAMI, FL</b> Zip <b>33173</b> Country <b>30</b>	10. Name and Address of New Registered Agent 81 Name <b>MARTIN E PONS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9370 SUNSET DRIVE</b> 83 <b>SUITE A-100</b> 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33173</b>
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9. Name and Address of Current Registered Agent  
**PONS, MARTIN E.**  
**9370 SUNSET DRIVE #A100**  
**SUITE 4920**  
**MIAMI FL 33173**

1. 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ABREGO, JOSE BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BERMUDEZ, FRANCISCO M. BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CONTRERAS, LILIA BAKER BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DORADO, RICARDO BANCO UNION BLDG.,6TH FL PANAMA CITY PANAMA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS PONS, MARTIN E. 8460 N. KENDALL DR. MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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: MARTIN E PONS SECRETARY 3/23/99 (305) 275-7072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)