SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000023082 (9)

ALL EXPORT CORPORATION

Principal Place of Business

Mailing Address

FILED 97 SEP 12 AN 10: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1784 WEST FLAGLER STREET SUITE 16 MIAMI FL 33135		1784 WEST FLAGLER STREET SUITE 16 MIAMI FL 33135		DO NOT WRITE	IN THIS SPACE	
				 Date Incorporated or Qualified 03/26/1993 	3a. Date of Last Report 04/26/1996	
2. Principal Pl	ace of Business W 13 TR migmi fl 3913	2a, Mailing Address 26 4331 SW 131R	MINIMI FLX 33180	4. FEI Number	Applied For	
Sulte, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	65-0408732	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	mi FLA	City & State 28 Mi ATA i	FLA.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33/38	Country 25 USA	Zip 29 33/34	Country 30 USA.	8. This corporation owes or has pai Personal Property Tax due June	30. Yes No	
,	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Jistered Agent	
ARBOLEDA, ALVARO 1784 WEST ELAGIER STREET 81 Name HR BOLE DR HIVATO						
	4 WEST FLAGLER STREET		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 16				231 5.W 13 +R	, , , , , , , , , , , , , , , , , , ,	
MIAMI FL 33135						
			84 City	1	FL 85 Zip Code 32131/	
11 Pursuant t	n the provisions of Sections 607 0502	and 607 1508 Florida Statut	tee the shove-named	Corporation submits this statement for the pa	FL 33130	
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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent.						
SIGNATURE	Signature, type of a printed name of registered agent.	and title if applicable. (NO)	F Registered Agent signature	required when reinslating)	DAVE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	P	☐ DELFTE	1.1 TITLE	n	Change Addition	
NAME	ARBOLEDA, ALVARO		1.2 NAME	PARBOLED A. ALVARO		
STREET ADDRESS	1784 W. FLAGLER ST. #16		1.3 STREET ADDRESS	4231. 8.W. 13 ta	1	
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP	MIAMI, FLA, 3313	4	
TITLE	ADDOLEDA MADTUA	DELETE	2.1 TITLE	n nella	Change Addition	
NAME	ARBOLEDA, MARTHA		2.2 NAME	ARBOLEDA MAITHA	•	
STREET ADDRESS	1784 W. FLAGLER ST. #16 MIAMI FL 33135		2 3 STREET ADDRESS	4231 5 W 13 112	:	
CITY-ST-ZIP	MIAMI FL 33 (33		2.4 CITY-ST-ZIP	Minmi Flb , 33134		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	3000022	2961434	
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP	-09/17,	797-01103-024 55.00 *****165.55	
TITLE		☐ DEFEIG	4.1 TITLE	※※★★1€	35.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
NAME			4. 2 NAME			
ATREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		□ brrtic			m anguige m worthool	
STREET ADDRESS			5.2 NAME			
			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		La Section	6.2 NAME		AN Grange Greenson	
STREET ADDRESS				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 KA1	
			6.3 STREET ADDRESS	(1/7J~!	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		`	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartified, or on an amuchment with an address.