

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90102 020 ***150.00

DOCUMENT # P93000050724

1. Entity Name

GENERAL MIX IMPORT-EXPORT CORP.

Principal Place of Business

6135 NW 167TH ST
 STE E6
 MIAMI FL 33015
 US

Mailing Address

6135 NW 167TH ST
 STE E6
 MIAMI FL 33015-4332
 US

2. Principal Place of Business

3. Mailing Address

GENERAL MIX
 Suite, Apt, or Box
IMPORT-EXPORT
 SUITE E-6
 City & State
6135 NW 167TH ST.
MIAMI, FL 33015
 Zip

GENERAL MIX
 Suite, Apt, or Box
IMPORT-EXPORT
 SUITE E-6
 City & State
6135 NW 167TH ST.
MIAMI, FL 33015
 Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0424075**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOICHER, OSCAR
6135 N.W. 167TH STREET
UNIT E-6
MIAMI FL 33015

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SOICHER, OSCAR F 7220 N.W. 36 ST., STE. 230 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANDRÉ OLIVEIRA** *[Signature]* Date: **04/04/00** Daytime Phone #: **305-823-0305**

CR2E034 (9/99)