

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000064483 (8)

1. Corporation Name

AMER-EXPORT, INC.

Principal Place of Business

Mailing Address

5445 COLLINS AVE., SUITE 1125
MIAMI BEACH FL 33140

5445 COLLINS AVE., SUITE 1125
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/29/1994

4. FEI Number

Applied For

Not Applicable

650516886

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election (Continuation) of Franchise 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

2a. Mailing Address

21 5445 COLLINS AVE.

26 5445 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C.U4

27 SUITE C.U4

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI BEACH FL

Zip

Country

Zip

Country

24 33140

25 U.S.A.

29 33140

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOBILE, ANTOINETTE
5445 COLLINS AVE., SUITE 1125
MIAMI BEACH FL 33140

81 Name NOBILE ANTOINETTE

82 Street Address (P.O. Box Number is Not Acceptable)

5445 COLLINS AVE. SUITE C.U4

83

84 City MIAMI BEACH FL

85 Zip Code 33140

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 607.0505, Florida Statutes.

SIGNATURE

Signature (type or printed name of registered agent and title if applicable)

FEI# Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | PTD |
| NAME | NOBILE, ANTOINETTE |
| STREET ADDRESS | 5445 COLLINS AVE., SUITE 1125 |
| CITY ST ZIP | MIAMI BEACH FL 33140 |
| TITLE | VSD |
| NAME | COMBEAU, JACQUES |
| STREET ADDRESS | 5445 COLLINS AVE., SUITE 1125 |
| CITY ST ZIP | MIAMI BEACH FL 33140 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

| | | |
|-------------------|-----------------------------|---|
| 11 TITLE | PTD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | NOBILE ANTOINETTE | |
| 13 STREET ADDRESS | 5445 COLLINS AVE SUITE C.U4 | |
| 14 CITY ST ZIP | MIAMI BEACH FL 33140 | |
| 21 TITLE | VSD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | COMBEAU JACQUES | |
| 23 STREET ADDRESS | 5445 COLLINS AVE SUITE C.U4 | |
| 24 CITY ST ZIP | MIAMI BEACH FL 33140 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY ST ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY ST ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY ST ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

ANTOINETTE NOBILE

July 07-95