

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000064483 (8)**

1. Corporation Name  
**AMER-EXPORT, INC.**



Principal Place of Business: 6991 N.W. 82ND AVE. BAY 14 MIAMI FL 33166 US  
Mailing Address: 6991 N.W. 82ND AVE. BAY 14 MIAMI FL 33166 US

2. Principal Place of Business: 21 5445 Collins. AV. Suite, Apt. #, etc. 22 CUA. City & State 23 Miami Beach. Zip 24 33140. Country 25 U.S.A.  
2a. Mailing Address: 26 5445 Collins. AV. Suite, Apt. #, etc. 27 CUA. City & State 28 Miami Beach. Zip 29 33140. Country 30 U.S.A.

3. Date Incorporated or Qualified: 08/29/1994  
3a. Date of Last Report: 07/25/1995  
4. FEI Number: 65-0516886  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
COMBEAU, JACQUES  
6991 N.W. 82ND AVE.  
BAY 14  
MIAMI FL 33166

10. Name and Address of New Registered Agent  
81 Name: COMBEAU JACQUES.  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 5445 Collins. AV. CUA.  
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]* DATE: 03/29/96

12. OFFICERS AND DIRECTORS

TITLE	PSTB	<input type="checkbox"/> DELETE
NAME	COMBEAU, JACQUES	
STREET ADDRESS	6991 N.W. 82ND AVE., BAY 14	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COMBEAU, JACQUES	
STREET ADDRESS	6991 N.W. 82ND AVE., BAY 14	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSTB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	COMBEAU, JACQUES	
3. STREET ADDRESS	5445 Collins. AV. CUA	
4. CITY - ST - ZIP	MIAMI Beach. FL. 33140	
21. TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	COMBEAU, JACQUES	
23. STREET ADDRESS	5445 Collins. AV. CUA	
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(3)(k), 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, checked, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 03/29/96 305.8643328

CR2E034 (12/95)