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Secretary of State

03-02-1999 90115 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P94000091837**

1. Corporation Name
FIRST INTERNATIONAL EXPORT TRADING, INC.



Principal Place of Business
**8421 NW 68TH STREET
 MIAMI FL 33166**

Mailing Address
**6905 N.W. 52ND ST
 MIAMI FL 33166
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6905 NW 52nd Street

2a. Mailing Address

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

65-0535319

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Miami, FL

City & State

Zip Country

Zip Country

24 33166

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTRO, EDUARDO
 6905 N.W. 52ND ST
 MIAMI FL 33166**

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME **D CASTRO, EDUARDO**
 STREET ADDRESS **6905 N.W.. 52ND ST**
 CITY-ST-ZIP **MIAMI FL 33166**

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/99

Date

Daytime Phone #

CR2E034 (1/98)