

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000035049 (2)**

1. Corporation Name

**MEGA GROUP EXPORT-IMPORT, INC.**



Principal Place of Business

Mailing Address

4995 NW 72 AVE  
SUITE 201  
MIAMI FL 33166

4995 NW 72 AVE  
SUITE 201  
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

JARAMILLO, YOLANDA  
4995 NW 72 AVE  
SUITE 201  
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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DS-1

12. OFFICERS AND DIRECTORS

- 1. TITLE  DELETE
- 2. NAME **PD CELIS, CARLOS A**
- 3. STREET ADDRESS **KRA 9 #18-50 #302**
- 4. CITY, ST, ZIP **BOGOTA, COLUMBIA**
- 5. TITLE  DELETE
- 6. NAME **CASTILLO, SANDRA P**
- 7. STREET ADDRESS **KRA 9 #18-50 #302**
- 8. CITY, ST, ZIP **BOGOTA, COLUMBIA**
- 9. TITLE  DELETE
- 10. NAME
- 11. STREET ADDRESS
- 12. CITY, ST, ZIP
- 13. TITLE  DELETE
- 14. NAME
- 15. STREET ADDRESS
- 16. CITY, ST, ZIP
- 17. TITLE  DELETE
- 18. NAME
- 19. STREET ADDRESS
- 20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 1. TITLE  Change  Addition
- 2. NAME
- 3. STREET ADDRESS
- 4. CITY, ST, ZIP  Change  Addition
- 5. TITLE
- 6. NAME
- 7. STREET ADDRESS
- 8. CITY, ST, ZIP  Change  Addition
- 9. TITLE
- 10. NAME
- 11. STREET ADDRESS
- 12. CITY, ST, ZIP  Change  Addition
- 13. TITLE
- 14. NAME
- 15. STREET ADDRESS
- 16. CITY, ST, ZIP  Change  Addition
- 17. TITLE
- 18. NAME
- 19. STREET ADDRESS
- 20. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-96

305-5924072

CR2E034 (12/95)