PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000035049

1. Corporation Name

MEGA GROUP EXPORT-IMPORT, INC.

Principal Place of Business Mailing Address							-	IBBL IID IBIDI BIIII DEFII	8811) BULL BULL		
12360 S.W. 132 COURT SUITE 210 MIAMI FL 33186			12360 S.W. 132 COURT SUITE 210 MIAMI FL 33186								
							DO NOT WRITE IN THIS SPACE				
							3. Date Inco 05/04/1	rporated or Qualife	ed		
2. Principal Pl	lace of Business	2a. Mailing A	ddress				4, FEI Numb				Applied For
21		26					65-0592	2061			Not Applicable
Suite, Apt.	#, etc	. Suite, Ap	t. #, etc.			·	s Certificate	of Status Desired	۵	•	5 Additional
22	10.	27					J. Cortifocio				Required
City & State	e	City & St	ate				1	Campaign Financin	g 🗋	•	00 May Be
23	0	28		Causte			 -	d Contribution			ed to Fees
Zip	Country	Zip		Countr	гу			oration owes the co Property Tax.	urrent year in	tangible VZLYes	□No
24	9. Name and Address of Curre	29	ent .	30				d Address of Nev	v Registered		
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JARA	AMILLO, YOLANDA 💹 🖊	•		-							
1123	AMILLO, YOLANDA	210		8:	2 8	Street Addres	ss (P.O. Box N	umber is Not Acce	ptable)		
· na	116mi, Fd 33186			8	3	· •		**			
	THE TOTAL PROPERTY.			<u> </u>		,					**- C- 4-
,				8-	4 0	City			FL	_ 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statut	es, the abo	ve-na	amed corpor	ration submits t	his statement for the	he purpose of	changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cl	hange was a	uthorized b	y the	corporation	s board of dire	ectors. I hereby acc	cept the appo	intment as	s registered
SIGNATURE	m and accept the cong										,
SIGNATURE :	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE	: Registered Ag	jent sig	nature required v	when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS		: Registered Ag	jent sig	gnature required v		S/CHANGES TO C			
	OFFICERS A	ND DIRECTORS	(NOTE			gnature required v		S/CHANGES TO C		ND DIREC	
12.	PD CELIS, CARLOS A	ND DIRECTORS		13.	-	gnature required v		S/CHANGES TO C			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90064 031 ***150.00