

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 # P95000038901 (1)

1. Corporation Name

A-Z IMPORT EXPORT CORP.



Principal Place of Business

**130 MINORCA AVE.
CORLA GABLES FL 33134**

Mailing Address

**130 MINORCA AVE.
CORLA GABLES FL 33134**

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 **10540 N.W. 26 Street**
Suite, Apt. #, etc.

22 **Suite G102**
City & State

23 **MIAMI FLORIDA.**
Zip Country

24 **33172 U.S.A.**

2a. Mailing Address

26 **10540 N.W. 26 Street**
Suite, Apt. #, etc.

27 **Suite G102**
City & State

28 **MIAMI FLORIDA.**
Zip Country

29 **33172 U.S.O.**

4. FEI Number
65-0584266 161904

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 has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SMITH, JOSE
130 MINORCA AVE.
CORLA GABLES FL 33134**

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 607.0504, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent) (date)

(Date) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORENO, JOSE	
STREET ADDRESS	130 MINORCA AVE.	
CITY - ST - ZIP	CORLA GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORENO, ESPERANZA	
STREET ADDRESS	130 MINORCA AVE.	
CITY - ST - ZIP	CORLA GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MORENO JOSE	
3. STREET ADDRESS	10540 N.W. 26 STR SUITE G102	
4. CITY - ST - ZIP	MIAMI FLORIDA 33172	
5. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MORENO ESPERANZA	
7. STREET ADDRESS	10540 N.W. 26 STREET ST G102	
8. CITY - ST - ZIP	MIAMI FLORIDA 33172	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. 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 11 or Block 13 if changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)

4-29-96

(305)

471-0536

CFR2E034 (12/95)