

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90040 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000038901

1. Corporation Name
A-Z IMPORT EXPORT CORP.



Principal Place of Business
 10540 NW 26 STREET
 SUITE G102
 MIAMI FL 33172
 US

Mailing Address
 10540 NW 26 STREET
 SUITE G102
 MIAMI FL 33172
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **A-Z IMPORT EXPORT CORP.**
 Suite, Apt. #, etc.
 22 **8456 NW 72 ST**
 City & State
 23 **MIAMI - FL.**
 Zip. Country
 24 **33166** 25 **USA**

2a. Mailing Address
 26 **8456 NW 72 ST**
 Suite, Apt. #, etc.
 27 **MIAMI - FLORIDA**
 City & State
 28 **33166 - USA**
 Zip. Country
 29 **33166** 30 **USA**

3. Date Incorporated or Qualified
05/15/1995

4. FEI Number
65-0584266 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

9. Name and Address of Current Registered Agent

SMITH, JOSE
 130 MINORCA AVE.
 CORLA GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ~~**A-Z IMPORT EXPORT CORP.**~~
 82 Street Address (P.O. Box Number is Not Acceptable)
~~**8456 NW 72 ST**~~
 83
 84 City ~~**MIAMI**~~ **MIAMI** FL 85 Zip Code ~~**33166**~~ **33166**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, JOSE	1.2 NAME	
STREET ADDRESS	10540 NW 26 STREET SUITE G102	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, ESPERANZA	2.2 NAME	
STREET ADDRESS	10540 NW 26 STREET SUITE G102	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 JOSE MORENO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

305-997-9329

Date

Daytime Phone #

CR2E034 (11/98)