

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

**FILED**

**97 JUL 10 AM 4:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000018828 (9)**  
1. Corporation Name  
**WHITE SANDS IMPORT & EXPORT CORP.**



Principal Place of Business: **100 EAST FLAGLER ST STE 1527 MIAMI FL 33131**  
Mailing Address: **100 EAST FLAGLER ST STE 1527 MIAMI FL 33131**

3. Date Incorporated or Qualified: **02/29/1996**  
3a. Date of Last Report

2. Principal Place of Business  
21 **1325 NW 93 CT**  
Suite, Apt. #, etc. **B 112**  
City & State **MIAMI FL.**  
Zip **33172** Country **DADE**

2a. Mailing Address  
26 **1325 NW 93 CT**  
Suite, Apt. #, etc. **B 112**  
City & State **MIAMI FL.**  
Zip **33172** Country **DADE**

4. FEI Number **X65-0760199**  
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  
~~THOMPSON, DISNEY D~~  
~~100 EAST FLAGLER ST STE 1527~~  
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent  
81 Name **CADALSO HORACIO**  
82 Street Address (P.O. Box Number is Not Acceptable) **1325 NW 93 CT B 112**  
83  
84 City **MIAMI** FL 85 Zip Code **33172**

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]* DATE: **4-29-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZELAYA, WALESKA M</b>	
STREET ADDRESS	<del>100 EAST FLAGLER ST STE 1527</del>	
CITY - ST - ZIP	<del>MIAMI FL 33131</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PONCE, CARLOS</b>	
STREET ADDRESS	<del>100 EAST FLAGLER ST STE 1527</del>	
CITY - ST - ZIP	<del>MIAMI FL 33131</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUEVAS, DANILO</b>	
STREET ADDRESS	<del>100 EAST FLAGLER ST STE 1527</del>	
CITY - ST - ZIP	<del>MIAMI FL 33131</del>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D. ZELAYA WALESKA M</b>
1.3 STREET ADDRESS	<b>1325 NW. 93 CT B-112</b>
1.4 CITY - ST - ZIP	<b>Miami, FL, 33172</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1325 NW 93 CT B 112</b>
2.4 CITY - ST - ZIP	<b>MIAMI FL 33172</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1325 NW 93 CT B 112</b>
3.4 CITY - ST - ZIP	<b>MIAMI FL 33172</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>000002237730--3</b>
4.3 STREET ADDRESS	<b>-07/14/97--01169--012</b>
4.4 CITY - ST - ZIP	<b>***169.00***165.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (9/96)