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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 OCUMENT #

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90061 026 \*\*\*150.00

	SA IMPORT EXPORT CORP  of Business TH AVE BOX #13 2	Mailing Address 2315 N.W. 107TH AVE BC MIAMI FL 33172	OX #13			A COM COM COM		. *	
					-	DO NOT WRI	TE IN THIS	SPACE	
					3.	Date Incorporated or Qualifed	-		
<del></del>	" - f Business	2a. Mailing Address			-\_A	02/06/1991 FEI Number		TAN	plied For
1	lace of Business	<del>-</del>				65-0242927			t Applicable
Ant	#, etc.	26			-			\$8.75	
,	., 41	27			5.	Certificate of Status Desired		Fee Re	
. Stat	le	City & State			6.	Election Campaign Financing		\$5.00	May Be
		28				Trust Fund Contribution		Added t	o Fees
	Country	Zip	Count	ry	8.	This corporation owes the curr	ent year in		<b>-1</b>
	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent		1 Name	10.	Name and Address of New I	Registered	Agent	
W/I A	IC REGISTERED AGENST INC.		\ <b>°</b>						
	BRICKELL AVE		8	2 Street Ade	dress (P	O. Box Number is Not Accepta	able)		
200			8	<u></u>				<del></del>	
	MI FL 33131			3					
iatical	MILTE SS IST		8	4 City			FL	85 Zip (	ode
	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607 1508 Florida Statut	es, the abo	ve-named co	rporation	submits this statement for the	purpose of	changing its	registered
	Clareture, bined or printed name of registered street	ations of, Section 607.0505, Flo			red when r	einstating)	DATE		<del></del>
	<del>,</del>	nt and title if applicable. (NOTE	: Registered Ag	ent signature requi		einstating) ADDITIONS/CHANGES TO OF			
<u>.</u>	OFFICERS AN	nt and title if applicable. (NOTE	13.	ent signature requi				ND DIRECTO	RS IN 12
	OFFICERS AN P HAMMOUD, FAISAL	nt and title if applicable. (NOTE	: Registered Ag 13. 1.1 TITLE	ent signature requi					
	OFFICERS AN P HAMMOUD, FAISAL AVE. BOUGQUERON 310	nt and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature requi					
	OFFICERS AN P HAMMOUD, FAISAL	nt and title if applicable. (NOTE	: Registered Ag 13. 1.1 TITLE	ent signature requi					
-22	OFFICERS AN P HAMMOUD, FAISAL AVE. BOUGQUERON 310	nt and title if applicable. (NOTE ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signature requi				☐ Change	☐ Addition
	OFFICERS AN P HAMMOUD, FAISAL AVE. BOUGQUERON 310	nt and title if applicable. (NOTE ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME	ent signature requi				☐ Change	☐ Addition
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certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 director of the corporation or the receiver or trade empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #