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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 17 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 554988

(6)

P.C. EXPORT, INC.

Principa! Place 13316 SW 1281 PO BOX 5210H MIAMI FL 3318 US	13316 SI PO 80X	Mailing Address 13316 SW 128TH ST PO BOX 521013 MIAMI FL 33186-5807 US				3. Date Incorporated or Qualified 11/03/1977 13a. Date of Last Report 01/29/1996				
2. Principal Pla	ace of Business	2a. Mailir	ng Address		- •		4. FEI Number		Ap	plied For
21 133	اله جس ۱۹8 على الله على الم	ر (26 م	عارت غاد ا). 128	2 ;	Street	59-1796601		No	t Applicable
Suite, Apt. #	t, etc.	Suite	, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re	
City & State			S State	۲Ļ			Election Campalgn Financing Trust Fund Contribution		\$5.00 Added	
Zıp	Country	Zip		\vdash	intry		8. This corporation has liability for in			199.032,
24 331	120	1=41	3186	30				Yes 🔲		
	9. Name and Address of Cur	rent Hegistered	Agent		81	Name	10. Name and Address of New Reg	istered A	ent	
	LLE, JUAN R.				01	Name				
11920 SW 70 AVE MIAMI FL 33156					82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or practed name of registered	agent and title it applic	able [N	OTE Registere			oration submits this statement for the poon's board of directors. I hereby accepted when reinstating)	DATE		
12.		AND DIRECTORS	···	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PV		☐ DELETE	1.1 1				L.	_] Change	Addition
NAME	BATLLE, JUAN			1.2 N						
STREET ADDRESS	11920 SW 70 AVE			1.3 \$	TREET #	ADDRESS				
CITY-ST-ZIP	MIAMI FL	**************************************	DELETE.		ITY-ST	- ZIP				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	STD BATHE HIAM		DELETE	2.1 (L	_ Change	Addition
NAME	BATLLE, JUAN 11920 SW 70 AVE			2.2 N						
STREET ADDRESS	MIAMI FL					ADDRESS				
CITY-ST-ZIP TITLE	MINNI FL		DELETE	2 4 C	CITY - SI	r - ZIP		···· r	Change	Addition
NAME			L. DCCLIC	3.2 N				L.	change	L.J Rudillo
STREET ADDRESS				4		ADDRESS				
CITY - ST - ZIP				1)TY-S1					
TITLE			DELETE	4.1 Ti		***			Change	Addition
NAME				4. 2 N	NAME				•	
STREET ADDRESS				4.3 \$	TREET #	ADDRESS				
CiTy - S1 - ZiP				44C	ITY-ST	- ZIP				
TITLE	, ,		DELETE	51 TI	ITLE			Ĺ	Change	Addition
NAME				52 N	IAME	}				
STREET ADDRESS				538	TREET A	ADDRESS				
CITY - S1 - ZIP				54 C	ITY-ST	- ZIP				
TITLE /			DELETE	617	ITLE	Ī			Change	Addition
NAME				62 N	IAME					
STREET ADDRESS				63 S	TREET A	ADDAESS				
CITY-ST-ZIP					ITY-ST					
information	n indicated on this annual report of	or supplemental a n or the receiver o	annual report i or trustee emp	s true and : owered to (accui	rate and that	I in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as i	f made un	der oath; th