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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

1/20/97 (787) 841-3181

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 336751

(3)

C.G.M.D.A. EXPORT CO.

SIGNATURE:

| Assistance of the control of the con |   |   |  | ····                |                    |              |   |   |               |  |                         |                 |
|--|---|---|--|---------------------|--------------------|--------------|---|---|---------------|--|-------------------------|-----------------|
| HAME FL 33142  | Principal Place of Business Mailing Address |   |  |                     |                    |              |   | : 145155 11157 title Britt (944)              | # 11#1 Fres w |  | ### <b>#</b> #### ###++ | Billio 1484     |
| Sure, Apt J., cic.  2. Principal Place of Business Sure, Apt J., cic.  2. Sure, Apt J., cic.  2. Sure, Apt J., cic.  2. City & State 3. City & |   |   | HACIENDAS DEL MON  | HACIENDAS DEL MONTE |                    |              |   |   |               |  |                         |                 |
| 22   Allouing Address   2. Allouing Address   4. FER Names   Applied or Standard Processing Standard Pro   |   |   |  |                     |                    |              | 3   | ·   | Jalified      |  |                         | leport          |
| Suite, April #, 4Cc 28] 27   Suite   City & State   City & Country   City & State   City & Country   City & State   City & Cit | 2. Principal Pi                             | lace of Business  | 2a. Mailing Address  | 2a. Mailing Address |                    |              |   | 4. FEI Number                                 |               |  |                         | pplied For      |
| City & State   | 21  |   | 26   | 26                  |                    |              |   | 59-1221279                                    |               |  |                         |                 |
| City & State   City   | Suite, Apt.                                 | #, etc.   | Suite, Apt. #, etc   | Suite, Apt. #, etc. |                    |              |   | <ol> <li>Certificate of Status Der</li> </ol> | ired          |  |                         |                 |
| Trust Fund Contribution  |   |   |  |                     |                    |              |   |   |               |  |                         | ·······         |
| 2p   Country   2p   Country   2p   Country   8. This corporation has liability for managible tax under s. 199.032,   190.032,   19   |   | e   | <b>⊢</b> , ′   |                     |                    |              | 6   | • •   | ncing         |  |                         |                 |
| 2a  2a  2a  3a  3a   |   | Canada  |  |                     |                    |              | <del></del>                                 |   |               |  |                         |                 |
| ### Address of Current Registered Agent  ZAIAC, MANUEL 100 SE SE SCOND AVENUE SUITE 2350  MIAMI FL 33131  #### Cry  #### Cry  ### |   |   | <b>├</b> ┐ '   | —                   | Country            |              | 6   | •   |               |  |                         | i. 199.032,     |
| ZAIAC, MANUEL 100 SE SECOND AVENUE SUITE 2350 MIAMI FL 33131  62  63  64  65  65  66  67  68  68  68  68  68  68  68  68   | 24  |   |  | [30]                | 9                  |              |   |   |               |  |                         |                 |
| 200. MAME   SITE   Address (P.O. Box Number is Not Acceptable)   SE SECOND AVENUE   SUITE 2350   SITE   2351   SE   ST   SE   SECOND AVENUE   SE   SE   SE   SECOND AVENUE   SE   SE   SE   SE   SE   SECOND AVENUE   SE   SE   SE   SE   SE   SE   SE   | 7414  |   | How Hogieroica Age.  |                     | 81                 | Name         | <del></del>                                 | V. 11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-     |               |  | 19                      |                 |
| SUTIE 2350 MIAMI FL 33131  80  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 agent. I make with an accept the obligations of Section 507 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ONWAY, JOHN  15. STRET ADDRESS  COTO LAUREL, PUERTO RICO 00760  16. STRET ADDRESS  CITY-ST-2P  10. DELETE  17. TITLE  18. STRET ADDRESS  CITY-ST-2P  18. ST |   |   |  |                     |                    |              |   | · · · · · · · · · · · · · · · · · · ·         |               |  |                         | ,               |
| ### City ### |   |   |  | 82 Street           |                    |              | Address (P.O. Box Number is Not Acceptable) |   |               |  |                         |                 |
| ## City   FL   85   Zip Code  11. Pursuant to the provisions of Section: 607 0509 and 607 1508. Florida Statutes, the above named 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   Supplementary    |   | = "   |  | 8                   |                    |              |   |   |               |  |                         |                 |
| 1. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and the corporation's board of directors. I hereby accept the appointment as registered agent, and a familiar with, and accept the obligations of Socions 607 505, Florida Statutes, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation of change agent and the corporation of the corpora | Miran                                       | MI PL 33 13 1   |  |                     |                    | <u> </u>     |   |   |               |  |                         |                 |
| 11. Passuert to the provisions of Sections 607-0502 and 607-1508. Florida Statutes, the above-named corporation submits this stetement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Soction 607-0505, Florida Statutes.   SIGNATURE   |   |   |  |                     | 64                 | City         |   |   |               | FL                                     | 85 Zip                  | Code            |
| office or registered agent, or both, in the State of Fonds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manufacturity, and accept the obligations of, Sociotion 607 (505), Findria Statutes.    SIGNATUR   | 11. Pursuant                                | to the provisions of Sections 607.                                    | 0502 and 607,1508, Florida \$  | Statutes, the r     | LLL<br>above       | e-named      | corporat                                    | tion submits this statement                   | for the p     |  | changing i              | its registered  |
| SIGNATURI  2 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TOTAL PD CONWAY, JOHN  STREEL ADDRESS  CITY: ST-2PP  COTO LAUREL, PUERTO RICO 00780  DELETE  1.1 INTE  COTO LAUREL, PUERTO RICO 00780  DELETE  2.2 MAVE  2.3 STREEL ADDRESS  CITY: ST-2PP  TITLE  DELETE  3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Additio | office or re                                | registered agent, or both, in the S                                   | State of Florida. Such change v  | was authorize       | ed by              | / the cor    | poration's                                  | s board of directors. I here                  | by accer      | of the app                             | ointment as             | registered      |
| Sept a control from the related by a process of registered Agent legislater remarked)   DATE   | ·   | лт тапшаг with, ано ассорство о                                       | Digations of Section our oco-  | 5, FIOHUA SIA       | Rutea              | á.           |   |   |               |  |                         |                 |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE CONWAY, JOHN SIRRET ADDRESS CITY-ST-2PP COTO LAUREL, PUERTO RICO 00780  TITLE DELETE 21 TITLE COTO LAUREL, PUERTO RICO 00780  TITLE DELETE 21 TITLE COTO LAUREL, PUERTO RICO 00780  TITLE DELETE 31 TITLE CHANGESS CITY-ST-2PP  DELETE 31 TITLE CHANGESS CITY-ST-2PP  DELETE 31 TITLE CHANGESS CITY-ST-2PP  TITLE CHANGES CHA |   | Starrature: typed or printed name of registers                        | d agent and title if applicable.   | (NOTE Register      | ed Age             | ant signatur | tw beriuper e                               | hen reinstating)                              |               | DATE                                   |                         |                 |
| THE PD CONWAY, JOHN   DELETE   11 THE   2 Addition   DELETE   12 MME   12 MME   13 STREET ADDRESS   DTY-ST-2PP   DELETE   21 THE   22 MME   22 MME   23 STREET ADDRESS   24 CHY-ST-2PP   DELETE   31 THE   32 NME   33 STREET ADDRESS   34 CHY-ST-2PP   DELETE   41 THE   41 THE   41 THE   42 MME   42 MME   42 MME   43 STREET ADDRESS   44 CHY-ST-2PP   44  |   |   |  |                     |                    |              |   |   | O OFFIC       | ERS AND                                | DIRECTO                 | AS IN 12        |
| NAME SIRRET ADDRESS COTO LAUREL, PUERTO RICO 00780  1.2 NAME COTO LAUREL, PUERTO RICO 00780  1.4 CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  COTO LAUREL, PUERTO RICO 00780  1.5 STRET ADDRESS  CITY-ST-ZIP  1.5 ALCITY-ST-ZIP  1.5 ALCITY-ST-ZIP  1.5 ALCITY-ST-ZIP  1.5 ALCITY-ST-ZIP  1.6 STRET ADDRESS  CITY-ST-ZIP  1.6 STRET ADDRESS  CITY-ST-ZIP |   | <del>,</del>  |  | E 1.1 T             | TITLE              |              | 1   |   | ****          |  | Change                  | Addition        |
| STREET ADDRESS  CITY-ST-7PP  COTO LAUREL, PUERTO RICO 00780  TITLE  DELETE  21 TITLE  22 MAME  STREET ADDRESS  CITY-ST-7PP  2 A CITY-ST-7PP  2 A CITY-ST-7PP  2 A CITY-ST-7PP  1 TITLE  DELETE  31 TITLE  1 TITLE  | NAME  |   |  | 1.21                | NAME               |              |   |   |               |  |                         |                 |
| CITY_ST_7P  COTO LAUREL, PUERTO RICO 00780   | STREET ADDRESS                              |   | L MONTE  | 1.3 §               | 1.3 STREET ADDRESS |              |   |   |               |  |                         |                 |
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| Change   | NAME  |   |  | 2.21                | NAME               |              |   |   |               |  |                         |                 |
| TITLE    DELETE   31 TITLE     Addition  | STREET ADDRESS                              |   |  | 2.3 STREET ADDRESS  |                    | ADDRESS      |   |   |               |  |                         |                 |
| TIFLE DELETE 31 TIFLE Change Addition  NAME  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 4.1 TIFLE Change Addition  NAME  STREET ADDRESS  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 5.1 TIFLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 5.1 TIFLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 5.1 TIFLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 6.1 TIFLE  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 6.1 TIFLE  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 6.1 TIFLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 6.1 TIFLE  STREET ADDRESS  CITY- ST- ZIP  TIFLE DELETE 6.1 TIFLE  TIFL | CITY-ST-ZIP                                 | 2   |  | 2.4                 | 2 4 CITY-ST-ZIP    |              | ļ <u></u>                                   |   |               |  |                         |                 |
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| TITLE  NAME  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  SA CITY-ST-ZIP  TITLE  DELETE  SA CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  THE ST | STREET ADDRESS                              |   |  | 3.3 \$              | STREET             | ADDRESS      |   |   |               |  |                         |                 |
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| SIREET ADDRESS CITY-ST-ZIP  SACITY-ST-ZIP  Change Addition  DELETE 6.1 TITLE  DELETE 6.2 NAME  STREET ADDRESS CITY-ST-ZIP  6.3 STREET ADDRESS CITY-ST-ZIP  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   | THTLE                                       |   | L Decen  |                     |                    |              |   |   |               |  | Change                  | L Addition      |
| CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I do hereby certily 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  | NAME  |   |  |                     |                    |              |   |   |               |  |                         |                 |
| NAME  STREET ADDRESS CITY-ST-ZIP  14. If do hereby certily 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  | STREET ADORESS                              |   |  | 5.3 5               | STREET             | ADDRESS      |   |   |               |  |                         |                 |
| NAME  STREET ADDRESS  CITY-ST-ZIP  14. If 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   |   |   | - DELET  |                     |                    | IT-ZIP       | ļ   |   |               |  | Channa                  | Addition        |
| STREET ADDRESS  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  |   |   | ☐ DELET  |                     |                    |              |   |   |               |  | L Unarige               | L. Addition     |
| CITY-ST-ZIP  14. If do hereby certily 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 arm 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  | NAME  |   |  |                     |                    |              |   |   |               |  |                         |                 |
| 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   |   |   |  | 6.3 9               | STREET             | ADDRESS      |   |   |               |  |                         |                 |
| 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 have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect as if made under oath have the same legal effect  | CITY-ST-ZIP                                 |   | The state of the s |                     |                    |              | <u> </u>                                    | 0 01-140 07/010 Fisca                         | - District    | 1 di cetto e                           |                         |                 |
| t 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  | informatio                                  | on indicated on this annual report                                    | t or supplemental annual repo  | ort is true and     | accı               | urate and    | d that my                                   | a signature shall have the si                 | ame lega      | al effect as                           | s if made ur            | nder oath: that |
|  | Farnian o                                   | officer or director of the corporation Plack 12 or Black 13 it change | on or the receiver or trustee en   | npowered to         | 6X60               | oute this    | report as                                   | s required by Chapter 607,                    | Florida S     | itatutes; a                            | nd that my              | name            |