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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000032477 (0)

EXPORTEX INTERNACIONAL, CORPORATION

Jan 15 1998 8:00am Secretary of State

**FILED** 



Principal Place	e of Business	Mailing Address	Mailing Address					<b>1818 1</b> 11111 <b>111</b> 111 <b>111</b> 111			
4480 BAY POINT ROAD 4480 BAY POINT ROAD											
MIAMI FL 33137		MIAMI FL 33137						DO NOT WR	TE IN THIS	SDACE	
						-	3. Date Incorpo			JIAOL	
							05/05/199	_	-		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				Applied For
21		26					74-2564	502			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of	Status Desired			Additional Required
City & State	e	City & State	City & State				6. Election Campaign Financing\$5.00 May Be				
23		28			İ	Trust Fund C				d to Fees	
Zip	Country	Zip	<del></del>	Country			8. This corpora		· -		ntangible No
24	9, Name and Address of Curre	nt Registered Agent	30	01			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
100		it i togistorea regent		81	Na	ime	TO. Traine and 7			.30	
MEDINA, LUIS R.									1-1-1-5		
	0 BAY POINT ROAD MI FL 33137		82			eet Addres	s (P.O. Box Numl	oer is Not Accep	otable)		
I IVIDA	INIT FL GG TO!		Ī				· · · · · · · · · · · · · · · · · · ·				
				84	City	y		**	FL	<b>85</b> Zig	Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	ites, the a	bove	-nar	ned corpor	ation submits this	statement for th		changing	its registered
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.										s registered	
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					in sign	nature required		HANGES TO OF		DIRECTO	PRS IN 12
TITLE	Р	DELETE 1.17		ITLE						Change	
NAME	MEDINA, LUIS R.		1.2 N	1.2 NAME							
STREET ADDRESS	4480 BAY POINT ROAD		1.3 S		1.3 STREET ADDRESS						
CiTY-ST-ZIP			1.4 CITY-ST-ZIP								
TITLE		DELETE	DELETE 2.1 T		2.1 TITLE					☐ Change	Addition .
NAME			2.2 N	2.2 NAME							
STREET ADDRESS			2.3 8	2.3 STREET ADDRESS		ESS					
CITY-ST-ZIP			2,40	2. 4 CITY-ST-ZIP		,					
TITLE		DELETE	3.1 TI	3.1 TITLE						☐ Change	Addition
NAME			3.2 N/		3.2 NAME						
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CITY - ST - ZIP			4.4 C	ITY-ST	I - ZIP						
TITLE		☐ DELETE	5.1 TI	ITLE						Change	Addition
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET A	ADDRE	ESS					
CITY-SI-ZIP			5.4 C	πy-sτ	I - ZIP						
TITLE		DELETE	6.1 TI	TLE						Change	Addition
NAME			6.2 N	AME							
STREET ADDRESS.			6.3 ST	TREET A	ADORE	ESS					
CITY - ST - ZIP			6.4 C	ITY-ST	I - ZIP						
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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.

SIGNATURE:

- Right HEOLUS R. MediNA

1/4/98 305-576-8834