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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 284643

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Principal Pla	ace of Business	Mailing Address					
132 NE 2ND AVENUE 132 NE 2ND AVENUE MIAMI FL 33132 MIAMI FL 33132							
MIAMI FL 331	32	MIAMI FL 33132					
					DO NOT WRITE IN	THIS SPACE	
İ					3. Date Incorporated or Qualifed 08/26/1964		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	- Ar	oplied For
21		26			59-1060664		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
City & State		City & State					equired
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Žip Country		Zip Country			8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	Yes	√ZNo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ered Agent	
EDI	EL BALINA ICAAC		81 N	ame			· · ·
EPELBAUM, ISAAC 132 NE 2ND AVENUE MIAMI FL 33132-9509			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
			83	- · .	The same of the sa		
					· 1		the Ab (建位
	,		84 C	-		Fi 85 Zip (
11. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508; Florida Statute	s, the above-na	med corpor	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing its	registered
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	corporation	13 board of directors. I flereby accept the a	ppointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if configuration (AIOTE)	Desistered Asset				
12.		ND DIRECTORS	Registered Agent sign	ature required v	when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		DO IN 40
TITLE	PD	☐ DELETE	1.1 T/TLE			Change	Addition
NAME	EPELBAUM, ISAAC		1.2 NAME	İ		Gilango	
STREET ADDRESS			1.3 STREET ADD	RESS			. 1
CITY-ST-ZIP	MIAMI BCH, FL 00000		1.4 CITY - ST - ZIP				., '
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	EPELBAUM, DORA		2.2 NAME				
STREET ADDRESS	7740 NOREMAC AVE		2.3 STREET ADDI	RESS .			
CITY-ST-ZIP	MIAMI BCH, FL 00000		2. 4 CITY-ST-ZIP	.]	•		[
TITLE *		☐ DELETE	3.1 TITLE	41.14		Change	Addition
NAME			3.2 NAME		·		
STREET ADDRESS			3.3 STREET ADDR	ress			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change ₃	Addition
NAME	,		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	RESS	·		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			·	1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		- *	-	1
STREET ADDRESS			5.3 STREET ADDR	RESS			1.
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Set to		
TITLE		DELETE	6.1 TITLE		•	☐ Change	Addition
NAME			6.2 NAME		•	*	
STREET ADDRESS			6.3 STREET ADDR	ESS			· }
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP	- 1	,		

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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRATED NAME OF STORING OFFICER OR DIRECT

ISAAC EPELBAUM

1/31/99 (3

(305)374-689

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90012 027 ***150.00

Daytime Phone #

CR2E034 (11/98)