

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey H. Matthews
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
[Signature]

DOCUMENT # **358664**

(1)

95 MAY -1 PM 2:11

1. Corporation Name

EXPORTING ATLANTIC, INC.

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

**104 MADEIRA AVENUE
CORAL GABLES FL 33134**

Home Address

**104 MADEIRA AVENUE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered
01/23/1970

3a. Date of Last Report
02/15/1994

4. FEI Number
59-1283197

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. Does corporation have liability for state income tax under S. 195 (34)?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State: Apt. # etc.

2a. Home Address

26. State: Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMKGS REGISTERED AGENTS, INC.
1980 SUNBANK INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602.01(1) and 602.01(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with and accept the obligations of Sections 602.01(1) and 602.01(2), Florida Statutes.

SIGNATURE

By _____, Secretary of State, or _____, Assistant Secretary of State

By _____, Vice President, or _____, President

Witness

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	DE VARONA, ESPERANZA
3. STREET ADDRESS	2824 SW 92 COURT
4. CITY & STATE	MIAMI FL
5. ZIP	
6. NAME	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. ZIP	
11. NAME	
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. ZIP	
16. NAME	
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. ZIP	
6. NAME	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. ZIP	
11. NAME	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	
15. ZIP	
16. NAME	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY & STATE	
20. ZIP	
21. NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and qualify for the exemption stated in Section 190.02(1)(b), Florida Statutes. I further certify that this information will appear on the annual report or supplemental annual report as 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 manager or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 of Block 13 of the change of office or agent statement with an address.

SIGNATURE:

Esperanza

Vice-President

4/11/95 (305) 443-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR