

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **358664**

(1)

1. Corporation Name

EXPORTING ATLANTIC, INC.



Principal Place of Business

104 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address

104 MADEIRA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/23/1970

4. FEI Number

59-1283197

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J P.A.
1333 S MIAMI AVE SUITE 100
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Francisco J. Vitiene

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

104 Madeira Avenue

83

84 City

Coral Gables

FL

85

Zip Code

33134

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 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, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-98

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RODRIGUEZ SCHARK, EDUARDO
STREET ADDRESS 104 MABERA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

TITLE V
NAME BARBERO DE RODRIGUEZ, ROSA
STREET ADDRESS 104 MADERA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

TITLE T
NAME MARTINEZ, JOSE R
STREET ADDRESS 104 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE S
NAME SANCHEZ DE VARONA, RAUL J
STREET ADDRESS 104 MADEIRA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Francisco J. Vitiene ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 104 Madeira Avenue
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 recipient of 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:

Francisco J. Vitiene

7-13-98 (305) 443-8787

CRZE034 (5/98)