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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **419574** **(9)**

1. Corporation Name
P.S. EXPORT CO., INC.

Principal Place of Business
TWO GROVE ISLE
SUITE 205
COCONUT GROVE FL 33133-4102
US

Mailing Address
TWO GROVE ISLE
SUITE 205
COCONUT GROVE FL 33133-4102
US

3. Date Incorporated or Qualified: **02/22/1973**
3a. Date of Last Report: **05/23/1996**

2. Principal Place of Business
21
22 Street, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Street, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1498961** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOMBERG REED B ESQ
2701 S BAYSHORE DR
SUITE 315
MAIMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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 at the new address and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Required when changing registered agent) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

PD ☐ DELETE
SAUNDERS, PHYLLIS
TWO GROVE ISLE
COCONUT GROVE FL

SD ☐ DELETE
SOMBERG, TODD B.
TWO GROVE ISLE
COCONUT GROVE FL

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: Phyllis Saunders 3/24/97 305 886-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177147

CR2E034 (9/96)