

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90010 006 ***150.00

DOCUMENT # 494587

1. Corporation Name

A.I. EXPORT CORPORATION

Principal Place of Business

4781 NW 72 AVE
MIAMI FL 3316
US

Mailing Address

4781 NW 72 AVE
MIAMI FL 3316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1976

4. FEI Number

59-1667155

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DE LA HERA, LINO
580 SOUTH DR.
MIAMI SPRINGS FL

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. 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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DE LA HERA, LINO R.**
STREET ADDRESS **580 SOUTH DR.**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **SD** ☐ DELETE
NAME **DE LA HERA, CLARA**
STREET ADDRESS **580 SOUTH DR.**
CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **VP** ☐ DELETE
NAME **DE LA HERA, LINO E**
STREET ADDRESS **8600 SW 161 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 1999 **305-592-1684**
Date Daytime Phone #

CR2E034 (5/99)

588028-90010-6



AJAX INTERNATIONAL CO.

P.O. Box 52-3736 Miami, FL 33152 U.S.A.
Phone:(305) 592-1684 Fax:(305) 592-1820

July 2, 1999

FLORIDA DEPT OF STATE
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re. Annual Report

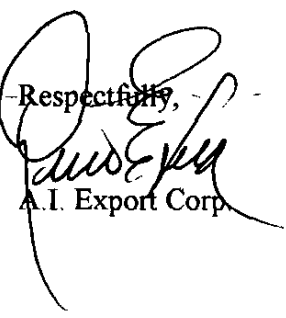
Gentlemen:

In April 25, 1999 we requested from your department the Corporation Annual Report form for 1999. We never received an answer from you.

Today, we received a Second request form, for a fee of \$550.00. We respectfully request from you to waive the \$550.00 fee.

Attached, find our check for \$150.00 and fully executed report form for 1999.

Respectfully,


A.I. Export Corp