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).

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90010 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **494587**

1. Corporation Name
A.I. EXPORT CORPORATION

Principal Place of Business	Mailing Address
4781 NW 72 AVE MIAMI FL 3316 US	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE LA HERA, LINO R.		1.2 NAME	
STREET ADDRESS	580 SOUTH DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE LA HERA, CLARA		2.2 NAME	
STREET ADDRESS	580 SOUTH DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DE LA HERA, LINO E		3.2 NAME	
STREET ADDRESS	8600 SW 161 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED JULY 2, 1999 305-592-1684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S88028-90010-6

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.