FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **520678** **(4)**

1. Corporation Name

EMPIRE EXPORTERS, INC.

Principal Place of Business	Mailing Address
255 UNIVERSITY DR. SUITE 201. P.O. BOX 3163 CORAL GABLES FL 33134	255 UNIVERSITY DR. SUITE 201. P.O. BOX 3163 CORAL GABLES FL 33134

2. Principal Place of Business: 21 3372 CORAL WAY
Suite, Apt. #, etc.: 22
City & State: 23 MIAMI, FL
Zip: 24 33145 Country: 25 USA

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

3. Date Incorporated or Qualified: 12/21/1976
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1720311 ☐ 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

GIDI, D.E.
255 UNIVERSITY DRIVE
SUITE 201
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: GIDI, D.E.
82 Street Address (P.O. Box Number is Not Acceptable): 3372 CORAL WAY
83
84 City: MIAMI FL 85 Zip Code: 33145

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] GIDI, D.E. Pres/Sec APR. 26. 1996
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	PSD	☐ DELETE
NAME	GIDI,DOMINGO E.	
STREET ADDRESS	255 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VTD	☐ DELETE
NAME	PEREZ, SILVIA	
STREET ADDRESS	172 N.E. 2ND ST.	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☐ Change ☐ Addition
1.2 NAME	GIDI, DOMINGO E.	
1.3 STREET ADDRESS	3372 CORAL WAY	
1.4 CITY-ST-ZIP	MIAMI, FL 33145	
2.1 TITLE	VTD	☐ Change ☐ Addition
2.2 NAME	PEREZ, SILVIA	
2.3 STREET ADDRESS	3372 CORAL WAY	
2.4 CITY-ST-ZIP	MIAMI, FL 33145	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] GIDI, DOMINGO E. Pres/Sec APR. 26. 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)