

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 589701 (2)

1. Corporation Name

EXPORT PENINSULAR CORP.

Principal Place of Business

2275 NW 84TH AVE
75 VALENCIA AVENUE #400
MIAMI FL 33122
US

Mailing Address

2275 NW 84TH AVENUE
75 VALENCIA AVENUE #400
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1852424

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

2. Principal Place of Business

21 2275 N.W. 84TH AVE

Suite, Apt. #, etc.

22

City & State

23 MTAMI, FLORIDA

Zip

24 33122

Country

25 DADE

2a. Mailing Address

26 2275 N.W. 84TH AVE

Suite, Apt. #, etc.

27

City & State

28 MTAMI, FLORIDA

Zip

29 33122

Country

30 DADE

9. Name and Address of Current Registered Agent

ECHVERRI, CESAR S
2275 NW 84TH AVE
MIAMI FL 33122

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

CESAR ECHEVERRI SR. CEO

APRIL 28, 1995

(Signature) Printed or printed name of registered agent and if applicable

(Date) Registered Agent signature required when appointing

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ECHVERRI, CESAR SR
STREET ADDRESS	2275 NW 84 TH AVE
CITY ST ZIP	MIAMI FL
TITLE	VP
NAME	ECHVERRI, CESAR J
STREET ADDRESS	2275 NW 84TH AVE
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	ECHVERRI, CLARALUZ
STREET ADDRESS	2275 NW 84TH AVE
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	ECHVERRI, GERMAN
STREET ADDRESS	2275 NW 84TH AVE
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	ECHVERRI, FERNANDO
STREET ADDRESS	2275 NW 84TH AVE
CITY ST ZIP	MIAMI FL
TITLE	TD
NAME	MORALES, AMPARO
STREET ADDRESS	2275 NW 84TH AVE
CITY ST ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☐ Change ☐ Addition
1.2 NAME	ECHVERRI, CESAR SR.	
1.3 STREET ADDRESS	2275 N.W. 84TH AVE	
1.4 CITY ST ZIP	MIAMI FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	ECHVERRI, CLARALUZ	
3.3 STREET ADDRESS	2275 N.W. 84TH AVE	
3.4 CITY ST ZIP	MIAMI FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	ECHVERRI, FERNANDO	
5.3 STREET ADDRESS	2275 N.W. 84TH AVE	
5.4 CITY ST ZIP	MIAMI FL	
6.1 TITLE	TD	☐ Change ☐ Addition
6.2 NAME	MORALES, AMPARO	
6.3 STREET ADDRESS	2275 N.W. 84TH AVE	
6.4 CITY ST ZIP	MIAMI FL	

14. I do hereby certify that the information supplied with this filing is valid, only furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 that I am a duly authorized person 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 officer or director with an address.

SIGNATURE:

CEOD

APRIL 28, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

(305) 591-1426