FILED
May 13 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $ 550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 589701 (2)

1. Corporation Name
EXPORT PENINSULAR CORP.

Principal Place of Business	Mailing Address
6995 NW.84th Avenue Miami, Fl. 33166	6995 NW.84th Avenue Miami, Fl. 33166

3. Date Incorporated or Qualified: 10/11/1978
3a. Date of Last Report: 05/0196

2. Principal Place of Business	2a. Mailing Address
21 444 Brickell Avenue	26 444 Brickell Avenue
Suite, Apt. #, etc. 22 Suite Nro. 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Miami Fl.	City & State 28 Miami, Florida
Zip 24 33131 Country 25 EE UU	Zip 29 33131 Country 30 EE.UU

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

9. Name and Address of Current Registered Agent

Luz A. Morales
6995 NW.84th Avenue
Miami Fl. 33166

10. Name and Address of New Registered Agent

31 Name: Luz A..Morales
32 Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Avenue
33 Suite 210
34 City: Miami FL 35 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ April 25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	ECHEVERRI, CESAR S		1.2 NAME	ECHEVERRI, CESAR S	
STREET ADDRESS	2275 N.W. 84TH AVE.		1.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fl. 33131	
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ECHEVERRI, CESAR J		2.2 NAME	300002188223	
STREET ADDRESS	2275 NW 84TH AVE		2.3 STREET ADDRESS	-05/22/97--01058--038	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	***~~165.00~~	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ECHEVERRI, CLARALUZ		3.2 NAME	ECHEVERRI, CLARALUZ	
STREET ADDRESS	2275 N.W. 84TH AVE.		3.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	~~Miami, Fl. 331~~31	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ECHEVERRI, GERMAN		4.2 NAME	ECHEVERRI, GERMAN	
STREET ADDRESS	2275 NW 84TH AVE		4.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl 33131	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ECHEVERRI, FERNANDO		5.2 NAME	ECHEVERRI, FERNANDO	
STREET ADDRESS	2275 N.W. 84TH AVE.		5.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	TD	☐ DELETE	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MORALES, AMPARO		6.2 NAME	MORALES, AMPARO	
STREET ADDRESS	2275 NW 84TH AVE		6.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, Fl.33131	

I 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)(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 added with an address.

SIGNATURE: Amparo Morales April 29/97 305-358-1999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #