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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 589701 (2)
1. Corporation Name
EXPORT PENINSULAR CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 444 BRICKELL AVENUE SUITE 210 MIAMI FL 33131 US		Mailing Address 444 BRICKELL AVENUE SUITE 210 MIAMI FL 33131 US		3. Date Incorporated or Qualified 10/11/1978	
2. Principal Place of Business 21 444 Brickell Avenue Suite, Apt. #, etc. 22 Suite # 210 City & State 23 Miami, Florida Zip 24 33131 Country 25 USA		2a. Mailing Address 26 444 Brickell Avenue Suite, Apt. #, etc. 27 Suite # 210 City & State 28 Miami Florida Zip 29 33131 Country 30 USA		4. FEI Number 59-1852424 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MORALES, LUZ A 444 BRICKELL AVENUE SUITE 210 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	
NAME	ECHEVERRI, CESAR S	1.2 NAME	
STREET ADDRESS	444 BRICKELL AVE SUITE 210	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	ECHEVERRI, CLARALUZ	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE SUITE 210	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	ECHEVERRI, GERMAN	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE SUITE 210	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	ECHEVERRI, FERNANDO	4.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE SUITE 210	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	
NAME	MORALES, AMPARO	5.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE SUITE 210	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE:

04-10-98 • 305 358-1999

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