

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90050 034 ***150.00

DOCUMENT # 589701

1. Corporation Name

EXPORT PENINSULAR CORP.

Principal Place of Business

444 BRICKELL AVENUE
SUITE 210
MIAMI FL 33131
US

Mailing Address

444 BRICKELL AVENUE
SUITE 210
MIAMI FL 33131
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 785 CRANFORD BLVD

Suite, Apt. #, etc.

27 \$ 806

28 City & State

KEY BISCAYNE

Zip

Country

29

FL 33149

30

DADE

9. Name and Address of Current Registered Agent

MORALES, LUZ A
444 BRICKELL AVENUE
SUITE 210
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1978

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

MORALES, LUZ A

82 Street Address (P.O. Box Number is Not Acceptable)

17630 SW 4 TH CT

83

84 City

DEMBROKE PINES

FL

85 Zip Code

33029

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

2/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CEOD
ECHEVERRI, CESAR S
STREET ADDRESS
444 BRICKELL AVE SUITE 210
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
SD
ECHEVERRI, CLARALUZ
STREET ADDRESS
444 BRICKELL AVE SUITE 210
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
D
ECHEVERRI, GERMAN
STREET ADDRESS
444 BRICKELL AVENUE SUITE 210
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
D
ECHEVERRI, FERNANDO
STREET ADDRESS
444 BRICKELL AVENUE SUITE 210
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
TD
MORALES, AMPARO
STREET ADDRESS
444 BRICKELL AVENUE SUITE 210
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

(305) 345-3689

Daytime Phone #

CR2E034 (11/98)

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