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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

628615

(7)

EXKO SALES, INC.

Feb 03 1998 8:00am
Secretary of State

**FILED** 

Principal Place of Business Mailing Address						1 100110 \$1110 11001 (\$110 011\$1 1160); I		YERI BIBIT BIB	IN MINN OF BY	
10471 SW 17TH ST P.O. BOX 520597 MIAMI FL 33152 US  US						DO NOT WRITI	E IN THIS S	PACE		
						<ol> <li>Date Incorporated or Qualified 07/03/1979</li> </ol>				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	pplied For	
21 26						59-1931051		No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	9	City & State				6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Coun	try		8. This corporation owes or has p.				
24	25	29	30			Personal Property Tax due June 30. 1/2 Yes No				
	9. Name and Address of Curre	nt Registered Agent		31 Name		10. Name and Address of New R	agistered A	gent		
	RNANDEZ, JOAQUIN		1	Name	3					
10471 SW 17TH ST. MIAMI FL 33152					t Address	s (P.O. Box Number is Not Accepta	ble)			
			['	33						
				City		<u>.</u>	FL		Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was -	authorized	by the cor	d corpora rporation	ation submits this statement for the is board of directors. I hereby acce	purpose of ept the appo	changing it inlment as	ts registered registered	
SIGNATURE										
	Signature, typed or printed name of registered ag-			Agont signatur	re required v	when reinstaling)	DATE OF DO AND	DIDECTOR	2C IN 12	
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.	<u> </u>	T	ADDITIONS/CHANGES TO OFFI		Change	Addition	
TITLE	FERNANDEZ, JOAQUIN	bitti	1	1.2 NAME			'	Onunge	L Rounon ;	
NAME ATTREET ARROSOS	10471 S.W. 17TH ST		1	1.3 STREET ADDRESS					- 1	
STREET ADDRESS	MIAMI FL								'	
CITY+ST-ZIP TITLE	V	DELETE		1.4 CITY-ST-ZIP 21 TITLE				Change	Addition	
NAME	FERNANDEZ, ANA MARIA	F-2	22 NAN			•			_	
STREET ADDRESS	10471 S. W. 17TH STREET			EET ADDRESS					1	
CITY-ST-ZIP	MIAMI FL			Y-SI-Z(P					}	
TITLE		☐ DELETE	3.1 TITL		1			Change	Addition	
NAME			3.2 NAN	1E						
STREET ADDRESS			3 3 STR	EET ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP						
TITLE		☐ DELET <b>e</b>	4.1 7(1)		1			Change	Addition .	
NAME .			4. 2 NA	ΜĒ						
STREET ADDRESS			4.3 \$1R	EET ADDRESS						
CITY-ST-ZIP			4.4 CiT1	- ST - ZIP						
TITLE		☐ DELETE	5.1 TITL	E				Change	Addition	
NAME			5.2 NAN	15						
STREET ADDRESS			5.3 STR	ee1 address						
CITY-ST-ZIP			5.4 CiTY	′-\$1-ZIP						
TITLE		☐ DELET <b>E</b>	6.1 TITL	E				Change	Addition	
NAME			6.2 NAA	1E						
STREET ADDRESS			6.3 STR	EET ADDRESS					-	
CITY-ST-ZIP				r-ST-ZIP	J					
14   hereby o	ertify that the information supplied w	with this filling does not qualify for	or the ever	notion stat	ted in Se	ction 119 07(3)(i) Florida Statutes	Lfurther cer	ofy that the	information 1	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or supplied minutal 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.