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 # 641417

(1)

FAST IMPORT-EXPORT CORPORATION

ν.

FILED
May 01 1997 8:00am
Secretary of State



Principal Place of I	Business	Mailing Address			1 16 2 16 4 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7329 N.W. 56TH ST. MIAMI FL 33166		P.O. BOX 557548 MIAMI FL 33255-7548 US						
		**			3. Date Incorporated or Qualified 10/03/1979		of Last Re 1/1996	eport
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number		Ap	oplied For
21		26					ot Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27	 				Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
23	Country	28	Count		Trust Fund Contribution		Added t	
Zip 24	Country	Zip	Count	ıy	8. This corporation has liability for Florida Statutes	intangible ta] Yes 🔯		. 199.032,
	25] Name and Address of Cu	reent Begletered Agent	30		10. Name and Address of New Re		<u> </u>	
MARIA 1 7329 N.	F. GALINDEZ W. 56TH ST. L 33166		8	Name 2 Street A	HENRY GALIND ddress (P.O. Box Number is Not Acceptal 7329 WW	= -		
MIAMI F	.r. 22100		8	3	1329 NW 26 3			
			8	4 City	4. Aust	FL	85 Zip (Code 3 <i>166</i>
11. Pursuant to the office or regist	e provisions of Sections 607 tered agent, or both, in the S	.0502 and 607.1508, Florida State of Florida, Such change w	atutes, the abo	ye-named c yy tyle corpo	orporation/submits this statement for the pration's board of directors. I hereby acce	purpose of c pt the appoi	hanging it ntment as	s registered registered
SIGNATURE Signa	HENRY L3	ALIDDEZ d agent and title if applicable	(NOTE: Repirereo A	Junit signature re	equired when refinstating)	4-23	3-97	7
12.		AND DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFICE	CERS AND D	PRECTOR	S IN 12
TITLE P	5	DELETE	1.1 Trīle		1		Change	Additio
	alindez, maria	<i>U</i> -	1.2 NAM	E				
	329 N.W. 56TH ST.		1.3 STRE	F1 ADDRESS				
	IAMI FL 33166		1.4 CITY					
TITLE S	-	☐ DELFTE	2.1 TALE	7	PD - 9T		Change	Additio
	ALINDEZ, HENRY		2.2 NAMI		HENRY GALINDEZ			
	329 N.W. 56TH ST.		2.3 S1RE	ET ADDRESS •	HENRY GALINDEZ 7329 NW 56 0 MIAMI FL 33	A.E.E.		
	IAMI FL 33166	The second		-S1-7IP	M, AM, FC 33	166	7.0	
TITLE		T DEFELE	3.1 TITLE			Ł	Change	Additio
NAME			3.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	·	DELFTE	3.4. CITY				Change	Additio
TITLE			4.1 1ITLE			L	_ онапус	
NAME OTREST ADDRESS			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE				Change	Additio
NAME		partie	5.2 NAM			L	0	nounc
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	Annual Control	☐ DELETE	5.4 CITY 6.1 TITLE			т	Change	Addition
NAME		La bettie	6.2 NAM				outuite	
STREET ADDRESS				ET ADDRESS				
I .								
CITY-ST-ZIP			6.4 CITY	-21-28				

I do hereby certify that the information supplied with this filling 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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 15 if changed, or of an attachment with an address.

Marian House

4.23.02 (200, 598-3/6/