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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

APOLLO Principal Place	IMPORT & EXPORT, INC	Mailing Ado	trace					
		-						
PO BOX 52160 MIAMI FL 3315			PO BOX 521605 Miami FL 33152-1605					
				***************************************		3. Date Incorporated or Qualified 06/23/1980	3a. Date of Last F 04/18/1996	ieport
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number 59-2016489		oplied For ot Applicable
Suite, Apt.	#, etc.		ot. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State)	City & S	tate			6. Election Campaign Financing	\$5.00	May Be
23	Country	28 Zip		Countr	у	Trust Fund Contribution 8. This corporation has liability for i		to Fees . 199.032,
24	25	29	30	<u> </u>		Florida Statutes	Yes No	
4	9. Name and Address of Cur	ent Registered Ag	ent		Ţ	10. Name and Address of New Re	gistered Agent	
	gongora, Roberto			81	Name			
	4 S.W. 6 ST. MIFL 3317 26 -		82			ress (P.O. Box Number is Not Acceptab	le)	
THE STREET				83				
	*			84	City		FL 85 Zip	Code
SIGNATURE.						poration submits this statement for the pation's board of directors. I hereby acceptions are the pations of the	urpose of changing in the appointment as	ls registered registered
12.				13.	leur signature requ	ADDITIONS/CHANGES TO OFFICE		1S IN 12
TITLE	PD		DELETE	1.1 TITLE	T	72 77	Channe	Addition
NAME	DE GONGORA, ROBERTO	-		1,2 NAME	0	E BONGMA, ROBERT	70	/ •
STREET ADDRESS	-1201-0.W-11TH-0TREET-			1.3 STREE	T ADDRESS	90345.W 6 STREET		
CHTY - ST - ZIP	MIAMI, FL 00000			1.4 CITY	ST-ZIP	MIAMI, FL 3317	4	
TITLE	-13-	-	DELETE	2.1 TITLE		T50	Change	Addition
NAME	-CABRERA, TAUL D.	•	-	2.2 NAME	4	E GONGORA, MIRIAN	<u>1</u>	•
STHEET ADDRESS	-4201 GW-11 GT.			2.3 STREE	T ADDRESS	90345.W 6 STREE	/	
CITY-ST-ZIP	MANTE"		T prieze	2. 4 CITY	-ST-ZIP	MIAHI, FL. 33174		T Addicas
TITLE		1	DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME		•		
STREET ADDRESS			1		T ADDRESS			
THLE			DELETE	3.4. CITY			☐ Change	Addition
NAME		•		4. 2 NAM				
STREET ADDRESS					T ADDRESS	•		
CITY-ST-ZIP				4.4 CITY-				
TITLE	——————————————————————————————————————		DELETE	5.1 YITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME			•	
STREET ADDRESS				6.3 STREE	T ADDRESS			
CITY - ST - ZIP	Λ)			6.4 CITY-	ST-ZIP			-
informatio	by certify that the intermation support indicated cryst slatinual report officer or director of the corporation.	or supplemental and or the receiver or t	ices not qualify to rustee empowerd strutth an addre	or the exe and acc ad to exe	emption state curate and the cute this repo	ed in Section 119.07(3)(i). Florida Statute at my signature shall have the same lege ort as required by Chapter 607, Florida S	s. I further certify that I effect as if made un itatutes; and that my i	ure ider oath; that name