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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	678898
Corporation Name	0.0000

MIAMI JUMBO CORPORATION IMPORT AND EXPORT

Principal Place of Business 8191 NW 91ST TERRACE

MIAMI FL 33166

Mailing Address

8191 NW 91ST TERRACE MIAMI FL 33166

	DO	NOT	W	RITE	IN	SPAC
	-			-		

				00110111111111111	00.7.00	
				3. Date Incorporated or Qualifed 07/18/1980		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 8191	NW91st Terrace	26 B191 NW91	st Terrace	≥ 59-2004920	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22 A-7		27 1-7		5. Certificate of Status Desired	Fee Req	uired
City & State		City & State		6. Election Campaign Financing	\$5.00 M	/lay Be
23 4100	bj Ft.	28 MIAMI IC		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year to		
24 33166	5 25 DADE CO	29 33/66 30	DASA C	- Cooner repair		Mo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent	
	EZ EDILLOGO		81 Name	opes esimple		
	EZ, EDUARDO			ddress (P.O. Box Number is Not Acceptable)		
	1 NW 91ST TERRACE			71 NW 91st Terroce		
MIAN	MI FL 33166		83			_
			84 City		85 Zin Co	ode
			ST ST	F	L ~ <i>3</i> 名が	86
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named or	orporation submits this statement for the purpose of	of changing its m	egistered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corpor	ation's board of directors. I hereby accept the appl	omment as regi	stered
·	alf Presignat	10113 01, 0004011 007 100001 1 101101		Juned when reinstating) DATE	QQ	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Agent signature req	puired when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	T	₩ DELETE	1.1 TITLE	νr ·	Change	☐ Addition
NAME	LOPEZ, EDUARDO		1.2 NAME	LOPEZ EDUAÇão	•	
STREET ADDRESS	8191 NW 91ST TERRACE		1.3 STREET ADDRESS	8191 NW 91st Terrace		
CITY-ST-ZIP	MIAMI FL 33166	•	1.4 CITY-ST-ZIP	419M1 FC 33166		
TITLE	SVP	DELETE	2.1 TITLE	54	Change	☐ Addition
NAME	LOPEZ, ANA J	,	2.2 NAME	LOPEZ AND	·	
STREET ADDRESS	8191 NW 91ST TERRACE		2.3 STREET ADDRESS	8191 NW 91st Ferrace		
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	LOPEZ ANA 8191 NW 91st Ferrace 414011 FC 33166		Ì
TITLE	7111 WW 1 L 00 100	DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			ا
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			•
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change	Addition
NAME		<u> </u>	5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITLE		Change	Addition
TITLE			6.2 NAME	•		
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.3 STREET ADDRESS	•		,
0.70 0 0 0 0 0	i e		■ 64 C((Y+S(+Z)P			

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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zal 8**8.1**-5384