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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BECERRA'S EXPORT CORP.

FILED May 08 1998 8:00am Secretary of State



BAY 28-E HIALEAH FL US	33012 lace of Business #, etc.	Mailing Address 1691 WEST 37TH STRE BAY 28-E HIALEAH FL 33012 US 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State	ET		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1981 4. FEI Number 59-2245274 5. Certificate of Status Desired \$8.75 Additional Fee Required	
23 Zip	Country	28 Zgo	Countr	у	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	-
24	25	29	30		Personal Property Tax due June 30.	4
	9. Name and Address of Current I	registered Agent	8.	Name	10, Name and Address of New Registered Agent	4
	CERRA, JAIME					
	91 West 37th Street Ny 28- e		82	Street	t Address (P.O. Box Number is Not Acceptable)	1
	ALEAH FL 33012		8:	1		\dashv
""	NEEDIT FE 33012					
1			84	City	FL 85 Zip Code	1
agent. La	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typic to partic stamped registrated agents OF FIGERS AND I	Florida Such change was ins of Section 607.0505, Floridate at applicable (NO	authorized £ orida Statute	y the corp s.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered recognitions (as registered when reinstaining) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(20)
TITLE	PD	X DELETE	11 100			-1 -
NAME	BECERRA, JAIME		1.2 NAME		President La Change Laddition BECERRA IVAN	[
STREET ADDRESS 1691 WEST 37TH STREET, BAY 28-E		Y 28-E				8
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-		Hialeah, F1	2
TITLE	\$D	DELETE	2.1 TITLE		Change Addition	5
NAME			2.2 NAME			
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NAME	BECERRA, PILAR		3.2 NAME	j		
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STREET ADDRESS				t address		
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NAME			6.2 NAME			
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CITY-ST-ZIP			6.4 CITY-:			
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I nereby 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 or an attachment with an address