

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

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F38144 (4)
 1. Corporation Name
CLA-VI EXPORT AND IMPORT, CORP.



Principal Place of Business 1331 STELL WATER DR MIAMI BEACH FL 33141	Mailing Address 1331 STELL WATER DR MIAMI BEACH FL 33141-1029
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3. Date Incorporated or Qualified 07/16/1981	3a. Date of Last Report 07/15/1996
4. FEI Number 64-0156615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1331 Stillwater Drive	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23 Miami Beach, Florida 33141	28
Zip	Country
24	25
	29
	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEL VILLAR, LUIS 1331 STELL WATER DR MIAMI BEACH FL 33141	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 1331 Stillwater Drive
	83 Miami Beach, Florida 33141
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VILLAR, LUIS	1.2 NAME	
STREET ADDRESS	1331 STELL WATER DR	1.3 STREET ADDRESS	1331 Stillwater Drive
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	Miami Beach Florida 33141
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOA, CLARA	2.2 NAME	
STREET ADDRESS	1331 STELL WATER DR	2.3 STREET ADDRESS	1331 Stillwater Drive
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	Miami Beach, Florida 33141
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Luis Del Villar* **President** (305) 866-4195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)