

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F85619** (7)

1. Corporation Name
CERVONE EXPORT, INC.



Principal Place of Business

Mailing Address

**7289 NW 12TH ST L
MIAMI FL 33126**

**7289 NW 12TH ST L
MIAMI FL 33126**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CERVONE, ISABEL
7895 S.W. 13TH ST.
MIAMI FL 33144**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/15/1982

3a. Date of Last Report

03/21/1995

4. EIN Number

59-2199956

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 609.0902 and 609.11506, 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, thereby accepting the appointment of a registered agent familiar with and accept the obligations of, Section 609.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CERVONE, ANTHONY M. | |
| STREET ADDRESS | 7895 S.W. 13TH ST. | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CERVONE, ISABEL | |
| STREET ADDRESS | 7895 S.W. 13TH ST. | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | |
|---|---|
| 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14 TITLE | |
| 15 NAME | |
| 16 STREET ADDRESS | |
| 17 CITY-STATE-ZIP | |
| 18 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME | |
| 20 STREET ADDRESS | |
| 21 CITY-STATE-ZIP | |
| 22 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME | |
| 24 STREET ADDRESS | |
| 25 CITY-STATE-ZIP | |
| 26 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME | |
| 28 STREET ADDRESS | |
| 29 CITY-STATE-ZIP | |
| 30 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME | |
| 32 STREET ADDRESS | |
| 33 CITY-STATE-ZIP | |
| 34 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 35 NAME | |
| 36 STREET ADDRESS | |
| 37 CITY-STATE-ZIP | |
| 38 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 39 NAME | |
| 40 STREET ADDRESS | |
| 41 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied in this filing is correct, true and complete, and that I am an officer or director of the corporation or the president or trustee of the corporation as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, as applicable, and that I have not been convicted of a felony within the last five years.

SIGNATURE: *[Signature]* **I. CERVONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 305 594-1974

CR2E034 (12/95)