

**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 28 Zip 29 Country 30 Country

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  
9. Name and Address of Current Registered Agent  
10. Name and Address of New 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

11. Pursuant to the provisions of Sections 609.0902 and 609.11505, 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I do hereby certify that the information supplied to the filing authority herein is true and correct, and that I am a duly qualified person for the office of Secretary of State under Section 119.072(4)(a), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and accurate and that any signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the president or trustee or partner of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, as applicable, or on an attached sheet with an address.

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

**4-26-96 305 594-1974**

CR2E034 (12/95)