

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000002547 (6)**

1. Corporation Name

EXPORT AND BUSINESS SERVICES INC.



Principal Place of Business THREE CHRISTINA CENTRE, 201 N. WALNUT ST. WILMINGTON DE 19801	Mailing Address THREE CHRISTINA CENTRE, 201 N. WALNUT ST. WILMINGTON DE 19801
---	---

3. Date Incorporated or Qualified 05/25/1995	3a. Date of Last Report 05/21/1996
--	--

2. Principal Place of Business 21 13621 SW. 109 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip Country 24 33186 25 USA	2a. Mailing Address 26 13621 SW 109 ST. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip Country 29 33186 30 USA
---	---

4. FEI Number 65-0566545	Applied For 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
--

9. Name and Address of Current Registered Agent

**FERNANDEZ, MARIA L
13621 S.W. 109 ST.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARIA L	1.2 NAME	
STREET ADDRESS	13621 S.W. 109 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS, PEDRO A	2.2 NAME	
STREET ADDRESS	13621 S.W. 109 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33186	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOON, DAVID	3.2 NAME	
STREET ADDRESS	16117 WHITE OAKS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE OSWEGO OR 97035	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:

Pedro A. Barros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO A. BARROS

Date

APR. 7 - 97

Daytime Phone: #

388-7896

CR2E034 (9/96)