

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:55

DOCUMENT # G65301 (5)

1. Corporation Name
GARBIRAS IMPORT & EXPORT, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 4471 N.W. 36TH STREET, SUITE 216 P. O. BOX 111917 MIAMI FL 33166 | 4471 N.W. 36TH STREET, SUITE 216 P. O. BOX 111917 MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date incorporated or Qualified 10/18/1983 | 3a. Date of Last Report 02/15/1994 |
|--|--|

| | | | |
|--|--------------------------------------|---|---|
| 2. Principal Place of Business | 2b. Mailing Address | 4. FEI Number | Applied For |
| 21 4471 NW 36 ST. | 26 4471 NW. 36 ST. | 59-2342275 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. 216 | 27 Suite, Apt. #, etc. 216 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 City & State MIAMI, FL. | 28 City & State MIAMI, FL. | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Zip 33166 | 25 Country USA. | 29 Zip 33166 | 30 Country USA. |
| 7. This corporation has liability for intangible tax under § 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| GARBIRAS, MAURICIO L. 8349 A - SOUTH WEST 107TH AVENUE MIAMI 33173 | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| | | | |
|----------------------------|--------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1. TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OCHOA, MARIA CLAUDIA | 12. NAME | Ochoa, Maria Claudia. |
| STREET ADDRESS | 9231 S.W. 87TH AVENUE C1 | 13. STREET ADDRESS | 9477 SW 76 ST. APT. 0-5 |
| CITY - ST - ZIP | MIAMI FL | 14. CITY - ST - ZIP | MIAMI, FL. 33173. |
| TITLE | PD | 2. TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARBIRAS, MAURICIO L | 22. NAME | GARBIRAS, MAURICIO L. |
| STREET ADDRESS | 8349 A-S.W. 107TH AVENUE | 23. STREET ADDRESS | 11541 SW 84 ST. |
| CITY - ST - ZIP | MIAMI FL | 24. CITY - ST - ZIP | MIAMI, FL. 33173. |
| TITLE | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY - ST - ZIP | | 34. CITY - ST - ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(k), Florida Statutes. I further certify that the information presented 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: Mauricio Garbiras **MAURICIO GARBIRAS** 04/27/95 301-873477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR