

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H14554** (0)
1. Corporation Name
ALCOR IMPORT EXPORT CORP.

Principal Place of Business 5155 NW 74TH AVE. MIAMI FL 33166	Mailing Address 5155 NW 74TH AVE. MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8236 N.W. 68 St. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33166		2a. Mailing Address 26 P.O. BOX 833128 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33283		3. Date Incorporated or Qualified 07/30/1984	
Country 25		Country 30		4. FEI Number 59-2545458 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent

ARAUJO, EDMUNDO
5155 NW 74TH AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name ARAUJO EDMUNDO	85 Zip Code 33166
82 Street Address (P.O. Box Number is Not Acceptable) 8236 N.W. 68 St.	
83	
84 City MIAMI	85

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

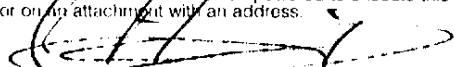
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAUJO, EDMUNDO	1.2 NAME	
STREET ADDRESS	5155 NW 74TH AVE.	1.3 STREET ADDRESS	8236 N. 68 St.
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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:



3/30/98 GAY 513-0505

CR2E034 (10/97)