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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H75611

(4)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

WALMONT EXPORT & IMPORT INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address
11104 S.W. 139TH CT. 11104 S.W. 139TH CT.
MIAMI FL 33186 MIAMI FL 33186

26

29

## FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

09/06/1985

59-2610878

5. Certificate of Status Desired

 Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

MIAMI FL 33186  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tille if applicable.  NOTE. Registered Agent signature required when recommendation of the state	ŀ
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Signature, typed or printed name of registered agent and tille if applicable. (NOTE. Registered Agent signature required when recommendation of the printed when required when recommendation of the printed with	submits this statement for the purpose of changing its registered pard of directors. I hereby accept the appointment as registered
12.         OFFICERS AND DIRECTORS         13.         AI           TOTLE         PD         DELETE         1.1 TITLE           NAME         WALLACE, MARCIA M.         1.2 NAME           STREET ADDRESS         11104 S.W. 139 CT         1.3 STREET ADDRESS	ginstating) DATE
NAME WALLACE, MARCIA M.  STREET ADDRESS 11104 S.W. 139 CT 1.3 STREET ADDRESS	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS 11104 S.W. 139 CT 1.3 STREET ADDRESS	☐ Change ☐ Addition
<b>.</b>	
CITY-ST-ZIP   MIAMI FL   1,4 CITY-ST-ZIP	
TITLE VP DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME WALLACE, MARCIA LORENA 22 NAME	
STREET ADDRESS 11104 S.W. 139 CT 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
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CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	110 07/0/G) Chailed Charles I fresher and its that the Information
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 suppliemental 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 extachment with an address.	

Country

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