

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3:27

DOCUMENT # J32232 (7)

1. Corporation Name

MIAMI "A" TEAM IMPORT EXPORT SERVICE, INC.

Principal Place of Business

1125 ALFRED I. DUPONT BLDG.  
169 EAST FLAGLER STREET  
MIAMI FL 33131-1209

Mailing Address

125 ALFRED I. DUPONT BLDG.  
169 EAST FLAGLER STREET  
MIAMI FL 33131-1206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/08/1986 3a. Date of Last Report 04/21/1994

4. FEI Number 59-2715635 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

2. Principal Place of Business  
21 6475 SW 30 Street

Suite, Apt. #, etc.

22 City & State  
23 MIAMI, FL.

24 Zip 33155

2a. Mailing Address

26 6475 SW 30 Street

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.

29 Zip 33155 30 DADE

9. Name and Address of Current Registered Agent

GORMLEY, NANCY  
1125 ALFRED I. DUPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name GORMLEY, NANCY  
82 Street Address (P.O. Box Number is Not Acceptable) 6475 SW 30 STREET  
83  
84 City MIAMI FL 85 Zip Code 33155

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) (Printed name of registered agent and date of appointment)

(Signature) (Printed name of registered agent and date of appointment)

DATE

12. OFFICERS AND DIRECTORS

|                      |                    |
|----------------------|--------------------|
| 12.1 TITLE           | P                  |
| 12.2 NAME            | DEULEY, ITZA       |
| 12.3 STREET ADDRESS  | 1810 SW 97TH PLACE |
| 12.4 CITY-ST-ZIP     | MIAMI FL           |
| 12.5 TITLE           | VT                 |
| 12.6 NAME            | GORMLEY, NANCY     |
| 12.7 STREET ADDRESS  | 1810 SW 97TH PLACE |
| 12.8 CITY-ST-ZIP     | MIAMI FL           |
| 12.9 TITLE           |                    |
| 12.10 NAME           |                    |
| 12.11 STREET ADDRESS |                    |
| 12.12 CITY-ST-ZIP    |                    |
| 12.13 TITLE          |                    |
| 12.14 NAME           |                    |
| 12.15 STREET ADDRESS |                    |
| 12.16 CITY-ST-ZIP    |                    |
| 12.17 TITLE          |                    |
| 12.18 NAME           |                    |
| 12.19 STREET ADDRESS |                    |
| 12.20 CITY-ST-ZIP    |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                              |
|----------------------|------------------------------------------------------------------------------|
| 13.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                              |
| 13.3 STREET ADDRESS  | 6475 SW 30 STREET                                                            |
| 13.4 CITY-ST-ZIP     | MIAMI, FL. 33155                                                             |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.6 NAME            |                                                                              |
| 13.7 STREET ADDRESS  | 6475 SW 30 STREET                                                            |
| 13.8 CITY-ST-ZIP     | MIAMI, FL. 33155                                                             |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.10 NAME           |                                                                              |
| 13.11 STREET ADDRESS |                                                                              |
| 13.12 CITY-ST-ZIP    |                                                                              |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.14 NAME           |                                                                              |
| 13.15 STREET ADDRESS |                                                                              |
| 13.16 CITY-ST-ZIP    |                                                                              |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.18 NAME           |                                                                              |
| 13.19 STREET ADDRESS |                                                                              |
| 13.20 CITY-ST-ZIP    |                                                                              |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on the 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 changes or additions are attached with an address.

SIGNATURE: *Itza Deuley* ITZA DEULEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/95 (305) 665-7660  
DATE