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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J43421**

1. Corporation Name

WALKER EXPORT, INC.

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90010 046 ***150 00



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Principal Place	e of Business	Mailing Addr	ess				ı i ne litê	BEN BYBOK HELL S	I(BIO IFA				
19401 WEST DI			DIXIE HIGHWAY										
STE. 100 Miami Fl 33180)	STE. 100 MIAMI FL 331	80			- [DO NOT	WRIT	E IN THIS	SPACE	Ξ	
US	,	US					3. Date Incorp	orated or Qu	alifed				-
							11/21/19	86					
2. Principal Pl	lace of Business	2a, Mailing A	ddress			- 4	4. FEI Number					App	lied For
21		26				Į.	59-27431	53				Not.	Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.	····		\top	5. Certifcate of			Ο.	\$8.	75 Ac	ditional
22	٠	27				- :	5. Certiicate o	Calus Desi		<u>.</u>	Fe	e Req	uired
City & State	e	City & St	tate			6	6. Election Ca	mpaign Finar	ncing	П	\$5	. 00 N	lay Be
23		28					Trust Fund	Contribution			Ad	ded to	Fees
Zip	Country	Zip		Country		1 6	g. This corpora	ation owes th	e curre	nt year Int		_	- 9
24	25	29	30)			Personal Pr				Yes	. []No
	Name and Address of Current	nt Registered Age	ent		 	10	0. Name and	Address of	New Re	egistered	Agent		
	VED LUCULEU D			81	Name								
	KER, MICHAELL P			82	Street Ad	ddress	(P.O. Box Nun	nber is Not A	cceptat	ole)			
1	1 WEST DIXIE HIGHWAY												_
MIAN	/II FL 33180			83									
				84	City						85	Zip Co	ode
				1						<u> </u>	<u>. </u>	•	_
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, F	lorida Statutes,	the above	e-named co	orporati	ion submits this	s statement f	or the p	ourpose of	changir	ng its n as regi	egistered istered
office or read agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 6	607.0505, Florida	a Statutes	ine corpora	a u o i	poara or allect	.015. 1 HOIODY	ассор	. С.С СРРС			
	•												
SIGNATURE													
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Re	gistered Ager	nt signature req	quired whe				DATE			
SIGNATURE	OFFICERS AN	ID DIRECTORS		gistered Ager		quired whe	an reinstating) ADDITIONS/	CHANGES T	OFF				
ļ	OFFICERS AN	ID DIRECTORS	(NOTE: Re	13.		quired whe		CHANGES T	OFF		ND DIRE		RS IN 12
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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, with all other like empowered.

RMICHAELL P. ME OF SIGNING OFFICER OR DIRECTOR

WALKER

305-937-1585