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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT #

1. Corporation Name

	MPORT COMPANY, INC.								
Principal Place of 21 SE 1ST AVI SUITE 500	ENUE	Mailing Address 1602-A WASHINGTON 2707							
MIAMI FL 33131 US		US US	MIAMI BHC FL 33139-3107 US		3. Date Inc 08/2	3. Date Incorporated or Qualified 3a. Date of Last F 08/22/1988 05/01/19		of Last Rep 5/01/199	ort 5
2. Principal Plac	e of Business, / Kendall DR	2a. Mailing Address			4. FEI Nun 65	-0068020			oplied For ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifica	ate of Status Desired	×	\$8.75 Additional Fee Required	
APT. City & State	- 1	City & State			1	Campaign Financing and Contribution			May Be to Fees
MiAA 33176	Country	Zip 29	Cour	ntry	8. This co	poration has liability for	r intangible ta	x under s 1	99.032,
33/10	9. Name and Address of Curre		1001		10. Name	and Address of New	Registered	Agent	
RODRIGUES, DAVILSON 5901 TOWN BAY DR 8-26 BOCA RATON FL 33486				83 APT .	Address (P.Q. Box Nymber is Not Acceptable) Y. N. Kendall Dr. T. D103 T. D103 FL 85 Zip Code 33/76				
or registere familiar with	o the provisions of Sections 607.050 diagont, or both, in the State of Flon, and accept the obligations of, Sections 6.050 diagonal accept the obligations of, Section 1.	otion 607.0505, Florida Statutes	OTE: Registered	Agent signature require	od when reinstalling)	I hereby accept the ap	DATE		
<u>2. </u>	PST OFFICERS AI	ND DIRECTORS	13. 1.170	TIF P	ST	SIND OF MINORE TO C.		Change	Addition
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute trills report as required by chapter of the corporation or the receiver or trustee empowered to execute trills report as required by chapter of place and trustee empowered to execute trills report as required by chapter of place or an attachment with an address.

SIGNATURE:

Day ILSON Rodrigues (Resident) April 17 1996 (305) 372-1372

Day TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR