FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 25 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32124 (5)

1. Corporation Name
DEEL EXPORT SALES, INC.

Principal Place of Business	Mailing Address
4611 LEJEUNE ROAD CORAL GABLES FL	4611 LEJEUNE ROAD CORAL GABLES FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1988
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33146 Country 25: DADE	Zip 29: 33146 Country 30: DADE

4. FEI Number: 65-0073143 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAVITZ, HAROLD P. 7600 W 20TH AVE SUITE 223 HIALEAH FL 33016	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE		☒ Change ☐ Addition
NAME	~~BELLOSTA, CARLOS~~	1.2 NAME		
STREET ADDRESS	~~940 S FEDERAL HWY~~	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BELLOSTA, JOSE	2.2 NAME		
STREET ADDRESS	940 S FEDERAL HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP		
TITLE	~~SID~~	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	O'MALLEY, DAN	3.2 NAME		
STREET ADDRESS	940 S FEDERAL HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☒ Change ☐ Addition
NAME	LAMEH, LUTFI	4.2 NAME		
STREET ADDRESS	940 S FEDERAL HWY	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	GRATENON, HERMAN	5.2 NAME		
STREET ADDRESS	940 S FEDERAL HWY	5.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dan O'Malley DAN O'MALLEY 4/20/95 (305) 661-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04K32124 IN