

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K46985** (3)

1. Corporation Name
CONCORDE EXPORTS, INC.



Principal Place of Business
**2441 NW 93RD AVE 104
MIAMI FL 33172**

Mailing Address
**2441 NW 93RD AVE 104
MIAMI FL 33172**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1988	3a. Date of Last Report 02/24/1995
21 2441 NW 93 AVE	26	Suite, Apt. #, etc. SAVE		4. FEI Number 65-0084747	Applied For Not Applicable
22 #102	27	City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI, FL	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33172	25 DADE	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHERE, LESLIE ALAN
SUITE 211
1570 MADRUGA AVENUE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

B1 Name Schere, Leslie Alan	B2 Street Address (P.O. Box Number is Not Acceptable) 1865 Brickell Ave
B3 Suite A-207	B4 City MIAMI
B5 Zip Code FL 33129	

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 (print name and title) of the corporation _____ (NOTE: Registered Agents must be a resident of Florida)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERRANO, ESTEBAN		1.2 NAME CHIRIBOGA, HERNANDO	
STREET ADDRESS 1950 BRICKELL PLACE		1.3 STREET ADDRESS TAMAYO 1025, Y GARCIA	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP QUITO, ECUADOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAREJA, ESTEBAN		2.2 NAME	
STREET ADDRESS 14368 SW 97 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE LA TORRE, DORIS		3.2 NAME	
STREET ADDRESS 455 SW 16 AVE #12B		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADES, OLGA F.		4.2 NAME GRINN-PADEJA, SABINA L	
STREET ADDRESS 12383 SW 104TH LANE		4.3 STREET ADDRESS 9756 SW 154 PLACE	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 of this report, or on an amendment with an address.

SIGNATURE: **Esteban PAREJA** 2/6/96 305-341-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)