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FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K46985** (3)
1. Corporation Name
CONCORDE EXPORTS, INC.



Principal Place of Business

Mailing Address

~~2441 NW 83 AVE #102 MIAMI FL 33172 US~~

~~2441 NW 83RD AVE 104 MIAMI FL 33172-4800~~

MOVED

2. Principal Place of Business

2a. Mailing Address

21 **13265 SW 124 ST**
Suite, Apt. #, etc.

26 **15720 SW 72 ST**
Suite, Apt. #, etc.

22 City & State

27 **307**
City & State

23 **MIAMI FL**
Zip Country

28 **MIAMI, FL**
Zip Country

24 **33186** 25 **DADE**

29 **33193** 30 **DADE**

3. Date Incorporated or Qualified
11/23/1988

3a. Date of Last Report
04/22/1996

4. FEI Number
65-0084747

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

**SCHEE, LESLIE ALAN
1865 BRICKELL AVE
SUITE A-297
MIAMI FL 33129**

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 true to, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal officer or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CHIRIBOSA, HERNANDO
STREET ADDRESS	TAMAYO 1025, Y GARCIA
CITY-ST-ZIP	QUITO EC
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PAREJA, ESTEBAN
STREET ADDRESS	14368 SW 97 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DE LA TORRE, DORIS
STREET ADDRESS	455 SW 16 AVE #12B
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GRIMM-PACEJA, SABRINA L
STREET ADDRESS	9756 SW 154 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AGGIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAREJA, ESTEBAN
1.3 STREET ADDRESS	9756 SW 154 PLACE
1.4 CITY-ST-ZIP	MIAMI, FL 33196
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	NONE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

E. PAREJA

3/15/97

305-380-9851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)