

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K46985 (4)
1. Corporation Name
CONCORDE EXPORTS, INC.

Principal Place of Business	Mailing Address
% LESLIE ALAN SCHERE, P.A. 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131	9756 SW 154TH PL MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13265 SW 124th STREET		26 13520 SW 72nd STREET		11/ 23/ 1988	
22 Suite Apt # etc		27 Suite Apt #, etc		4. FEI Number	
23 City & State MIAMI, FL.		28 City & State MIAMI, FL.		NOT APPLICABLE	
24 Zip 33186		29 Zip 33193		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country U.S.A.		30 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHERE, LESLIE A.P.A. 1865 BRICKELL AVE., STE A-207 MIAMI FL 33129				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 12			
TITLE	P. ESTABAN, PARETA	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ESTABAN, PARETA		1.2 NAME				
STREET ADDRESS	9756 SW 154TH PLACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP				
TITLE	S. DORIS DE LA TORRE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DORIS DE LA TORRE		2.2 NAME				
STREET ADDRESS	455 SW 16th AVE. #12B		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL.		2.4 CITY-ST-ZIP				
TITLE	T. SABRINA L. GRIMM-PAREJA	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SABRINA L. GRIMM-PAREJA		3.2 NAME				
STREET ADDRESS	9756 SW 154 PLACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL.		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			600002531996	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			-05/21/98--01092--019	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	***158.00	
NAME			5.2 NAME			5.19	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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 hereby certify that the information supplied with this filing complies with 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 as an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0005820