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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90024 007 ***150.00

DOCUIT 1. Corporation	MENT # K55007	•					
7. Corporation	MPORT & EXPORT, INC.						
WANO	WE OUT OF EXTOURS HAD.				I HERITINI ARI EXIAN ANNI ARNIX ARINI ARINI ARINI ARINI ARINI		
Principal Place	e of Business	Mailing Address			I (EBIBIN AD) DNAL BINN BENI ABISI 1891 AIRN BIRLI AI	#11 #1#41 #1#11 #1#	41.1881
3501 S.W. 8TH	ST	14280 SW 16TH TERR					
		MIAMI FL 33175			DO NOT WRITE IN THIS SPA	CE	
MIAMI FL 33135	•	US			3. Date Incorporated or Qualifed	<u> </u>	
					12/30/1988		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied F	For
21	acc of Business	26			65-0091260	Not Appli	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_ \$	8.75 Additio	nal
22		27			5. Certificate of Status Desired	Fee Required	t
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May E	3е
23		28			Trust Fund Contribution	Added to Fee	s
Zip	Country	Zip	Country		8. This corporation owes the current year Intangit		
24	25	29 3	0		Personal Property Tax.		<u>'</u>
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Age	<u>.n</u>	
PHS	SO MARIO		01	INALLIC			
RUSSO, MARIO 3501 S.W. 8TH ST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 211			83		-	·	$\overline{}$
	Al FL 33135						
			84	City	FL ⁸	5 Zip Code	
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	e-named con	poration submits this statement for the numose of char	nging its regist	tered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such charide was aut	norizea by	the corporat	ion's board of directors. I hereby accept the appointme	int as registere	ed
_	m familiar with, and accept the obliga	tions of, Section 607.0505, Fiond	ia Glatutes	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ager	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PT	☐ DELETE	1.1 TITLE		U	Change	Addition
NAME	RUSSO, MARIO	1.2 N					}
STREET ADDRESS			1.3 STREE	TADORESS			ļ
CITY-ST-ZIP	MIAMI FL 33135			T-ZIP		Change	Addition
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	RUSSO, OLGA						}
STREET ADDRESS	300. 0 0 12			TADDRESS			1
CITY-ST-ZIP	1710 1111 1 1 2 0 0 1 0 0		2. 4 CITY-5 3.1 TITLE	ST-ZIP	· · · ·	Change	Addition
TITLE							
NAME			3.2 NAME	T ADDRESS			1
STREET ADDRESS			3.4, CITY-5	1		-	
CITY-ST-ZIP TITLE			4.1 TITLE			Change 🔲	Addition
NAME		4.2			•		
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY- S	- 1			
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	"	_	5.3 STREE	TADDRESS		*	
CITY-ST-ZIP		- <u></u>	5.4 CITY-S	T-ZIP		-	
TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: