


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

FILED

Feb 06 1998 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |  |                                                               | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                           |  |
| DOCUMENT # K66403 (2)<br>1. Corporation Name<br>KEYLOUN IMPORT & EXPORT, INC.                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| Principal Place of Business<br>9147 S.W. 157 PATH<br>MIAMI FL 33196<br>US                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                   | Mailing Address<br>9147 S.W. 157 PATH<br>MIAMI FL 33196<br>US |                                                                                                                                                              |  |
| 2. Principal Place of Business<br>21                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 2a. Mailing Address<br>26                                                         |                                                               | 3. Date Incorporated or Qualified<br>02/17/1989                                                                                                              |  |
| Suite, Apt. #, etc.<br>22                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | Suite, Apt. #, etc.<br>27                                                         |                                                               | 4. FEI Number<br>59-2698319                                                                                                                                  |  |
| City & State<br>23                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | City & State<br>28                                                                |                                                               | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                     |  |
| Zip<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | Country<br>25                                                                     |                                                               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                  |  |
| Zip<br>29                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | Country<br>30                                                                     |                                                               | 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<br>KEYLOUN, ANDRE J.<br>6555 N.W. 36TH ST.<br>SUITE 108<br>MIAMI FL 33166                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                   |                                                               | 10. Name and Address of New Registered Agent                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                   |                                                               | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PST                | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KEYLOUN, ANDRE J.  |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9147 S.W. 157 PATH |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL 33196     |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                  | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KEYLOUN, ANDRE J.  |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9147 S.W. 157 PATH |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIAMI FL 33196     |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | <input type="checkbox"/> DELETE                                                   |                                                               |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                   |                                                               |                                                                                                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                   |                                                               |                                                                                                                                                              |  |



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: \_\_\_\_\_

01-20-98 3822377 205

CR2E034 (10/97)