FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77782** **(6)**

1. Corporation Name
DOS AMIGOS EXPORT, INC.

Principal Place of Business	Mailing Address
8020 NW 66 ST. MIAMI FL 33166	8020 NW 66 ST. MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/05/1989**
3a. Date of Last Report: **06/09/1994**

21 2. Principal Place of Business	25 2a. Mailing Address	4. FEI Number: **65-0197881**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LUZARRAGA, ELSIE A
10237 NW 51 TERR.
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: EDUARDO J. MERLIN
82 Street Address (P.O. Box Number is Not Acceptable): 10237 NW 51 Terrace
83
84 City: Miami **FL** 85 Zip Code: 33178.

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: EDUARDO J. MERLIN PRESIDENT X _____ DATE: 04-28-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required by law.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MERLIN, EDUARDO J	12 NAME	
STREET ADDRESS	10237 NW 51 TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	14 CITY-ST-ZIP	
TITLE	~~V~~	21 TITLE	☐ Change ☐ Addition
NAME	~~LUZARRAGA, ELSIE~~ A	22 NAME	
STREET ADDRESS	~~10237 NW 51 TERR.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33178~~	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MERLIN, MAURA	32 NAME	
STREET ADDRESS	10237 NW 51 TERR.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: X _____ 04-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181641 CF