

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # K77782 (6)

1. Corporation Name

DOS AMIGOS EXPORT, INC.

Principal Place of Business

Mailing Address

~~9020 NW 66 ST.~~ 6830 NW 77 CT
MIAMI FL 33166

~~9020 NW 66 ST.~~ 6830 NW 77 CT
MIAMI FL 33166



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0197881

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

MERLIN, EDUARDO J
10237 NW ST TERRACE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

HENRY W. BEAUMONT

82 Street Address (P.O. Box Number is Not Acceptable)

6650 SW 139 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33183

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

Henry Beaumont

03/08/96

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|--|--------------------|-------------------|-----------------|
| P | MERLIN, EDUARDO J | 10237 NW 51 TERR. | MIAMI FL 33178 |
| <input checked="" type="checkbox"/> DELETE | | | |
| V | LUZARRAGA, ELSIE A | 10237 NW 51 TERR. | MIAMI FL 33178 |
| <input checked="" type="checkbox"/> DELETE | | | |
| S | MERLIN, MAURA | 10237 NW 51 TERR. | MIAMI FL 33178 |
| <input type="checkbox"/> DELETE | | | |
| | | | |
| <input type="checkbox"/> DELETE | | | |
| | | | |
| <input type="checkbox"/> DELETE | | | |
| | | | |
| <input type="checkbox"/> DELETE | | | |
| | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|--|-------------------|--------------------|---------------------|
| P | HENRY W. BEAUMONT | 6650 SW 139 AVENUE | MIAMI, FL 33183 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| W C | EDUARDO MERLIN | 10237 NW 51 TERR | MIAMI, FL 33178 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
| | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Beaumont

03/08/96 (305) 593-5237

CR2E034 (12/95)