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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K94131** (5)

1. Corporation Name
MANA IMPORT & EXPORT INC.

Principal Place of Business
**4242 NW 72 AVE
MIAMI FL 33166**

Mailing Address
**4242 NW 72 AVE
MIAMI FL 33166-6942**



| | |
|--|--|
| 3. Date Incorporated or Qualified 06/09/1989 | 3a. Date of Last Report 01/22/1996 |
| 4. FEI Number 65-0118402 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**ARANDA, PABLO
2107 W. 54TH TERRACE
HIALEAH FL 33018**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name PABLO ARANDA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3248 W. 78 TH ST |
| 83 |
| 84 City HIALEAH |
| 85 Zip Code FL 33018 |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ARANDA, PABLO | | 1.2 NAME PABLO ARANDA | |
| STREET ADDRESS 2107 WEST 54 TERRACE | | 1.3 STREET ADDRESS 3248 W. 78 TH ST | |
| CITY-ST-ZIP HIALEAH FL | | 1.4 CITY-ST-ZIP HIALEAH FL 33018 | |
| TITLE VD | <input type="checkbox"/> DELETE | 2.1 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ARANDA, MARIA D. | | 2.2 NAME MARIA D. ARANDA | |
| STREET ADDRESS 2107 WEST 54 TERRACE | | 2.3 STREET ADDRESS 3248 W. 78 TH ST | |
| CITY-ST-ZIP HIALEAH FL | | 2.4 CITY-ST-ZIP HIALEAH FL 33018 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| 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 do 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: **PABLO ARANDA** 2/27/97 (305) 443-8500
Date: _____ Daytime Phone # _____

CR2E034 (9/96)