

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:58

DOCUMENT # L02572 (0)

1. Corporation Name

SOUTH AMERICAN IMPORTS/EXPORTS, INC.

Principal Place of Business

C/O DAVID L. SCHICK
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801-2798

Mailing Address

C/O DAVID L. SCHICK
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801-2798

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2959005

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHICK, DAVID L.
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32802

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

(Signature, typed or printed name of registered agent and the if applicable)

(If Applicable, Registered Agent signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TREDRAY, GRAHAM B.
7815 DANU COURT
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
TREDRAY, BEVERLY B.
7815 DANU COURT
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☒ Change ☐ Addition
4626 Saddleworth Circle
Orlando, FL 32826

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition
4626 Saddleworth Circle
Orlando, FL 32826

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 110.07(3)(b), 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 recorder 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:

Beverly B. Tredray
Beverly Tredray, Secretary

March 27, 1995 (407) 249-1966