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

PROFIT CORPORATION ANNUAL REPORT



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

1996	1996							
DOCUMENT	#							

1. Corporation Name

L02572

(0)

SOUTH AMERICAN IMPORTS/EXPORTS, INC.

Principal Place	of Business		Ma	ailing Address						IO HAN OTHER DI	0 6 0	1014 01041 01015 1001
C/O DAVID L. SCHICK C 201 EAST PINE STREET. SUITE 1200 20			201 EAST PINE STR	C/O DAVID L. SCHICK 201 EAST PINE STREET. SUITE 1200 DRLANDO FL 32801-2798			0	Date Incorporated or Qualified	3a. Date	of Lock F	lanad	
									07/18/1989		3/08/1	
2. Principal Pla	ace of Busine	ess	2a.	. Mailing Address					4. FEI Number	·		Applied For
21			26						59-2959005			Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
City & State	Ð		28	City & State					6, Election Campaign Financing Trust Fund Contribution		,	00 May Be ed to Fees
Zip		Country		Zip	ļ.,,	Country	y		8. This corporation has liability for in	~	cunder s	199.032,
24	o Nama	25 and Address of Current	29 Regle	tered Agent	30				Florida Statutes Yes 10. Name and Address of New Re	<u> </u>	nent	
	9. Italiia	and Address of Carrent	negis	tered Agent		81	T	Name	10, Name and Address of New Ad	egistereu z	.geni	
SCHIC	K, DAVID L	_				82			s (P.O. Box Number is Not Acceptabl	<u></u>		
201 EAST PINE STREET, SUITE 1200				62		Street Addres	is (F.O. Box Nornber is Not Acceptable	0)				
ORLAN	NDO FL 32	802				83	T					
						84	1	City		FL	85 Z	ip Code
11. Pursuant f	to the provisi	ons of Sections 607.0502	and 60	7.1508, Florida Statut	tes, the	e above	na	med corporati	ion submits this statement for the purp	ose of cha	nging 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 a		Abay (NO	O1E Reg	istered Age	กับร	signature required w	3113 then reinstalling)	3/96		
12.		OFFICERS AND	DIREC	CTORS V		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	PD			□ DELETE	I	1. 1 TITLE] Change	Addition
NAME		RAY, GRAHAM B.			1	1.2 NAME						
STREET ADDRESS		SADDLEWORTH CIR			- 1	1.3 STREE						
CITY-ST-ZIP TITLE	STD	NDO FL		□ DELETE		1.4 CITY-1 2. 1 TITLE		ZIP			Change	Addition
NAME		RAY, BEVERLY B.		[_] better		2.2 NAME					_ Change	
STREET ADDRESS		SADDLEWORTH CIR			- 1	2.3 STREE		DDRESS				
CITY-ST-ZIP		NDO FL				2.4 CITY-						
TITLE				DELETE		3. 1 TITLE] Change	☐ Addition
NAME						3.2 NAME						
STREET ADDRESS						3.3 STREE	I A	DDRESS				
CHTY-ST-ZIP				fra pereze		3.4 CITY-		ZIP			7.0	
TITLE				□ DELETE		4. 1 TITLE				L] Change	Addition
NAME OLDSEY ADODESS					ł	4.2 NAME	,	poperc				
STREET ADDRESS CHTY-ST-ZIP						4.3 STREE						
TITLE		- , ,		☐ DELETE		5. 1 TITLE		20			Change	☐ Addition
NAME				_		5.2 NAME				_		_
STREET ADDRESS						5.3 STREE		DORESS				
CITY-ST-ZIP						5.4 CITY -	ST-	ZIP				
TITLE				☐ DELETE		6. 1 TITLE			TO THE REAL PROPERTY OF THE PARTY OF THE PAR] Change	Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 \$1R5E	T A	DORESS				
CITY-ST-ZIP						6.4 CITY						
14. I do hereb	by certify that	the information supplied w	nth this	tiling is voluntarily furr	nished	and doe	9S (not qualify for	the exemption stated in Section 119.0	27(3)(k), Flo	ida Stati	ites. I turther

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 logal 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: SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

3/15/12 (19)3/19-19/16

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