

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L14694 (8)

1. Corporation Name

TEN RIVERS EXPORT-IMPORT, CORP.



Principal Place of Business

Mailing Address

~~8266 NW 14TH STREET~~  
~~STE 1~~  
MIAMI FL 33126  
~~US~~

375 NW 86TH CT  
STE 1  
MIAMI FL 33172  
US

3. Date Incorporated or Qualified  
09/11/1989

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 375 NW 86th CT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1

27

City & State

City & State

23 MIAMI, FL

28

24 Zip 33126

25 Country USA

29 Zip

30 Country

4. FEI Number  
65-0142410

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUSA, SHELLEY  
375 NW 86TH CT #1  
MIAMI FL 33126

81 Name SANDRA R. SOUSA.  
82 Street Address (P.O. Box Number is Not Acceptable)  
375 NW 86th CT #1  
83  
84 City MIAMI FL 85 Zip Code 33126

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

*Sandra Sousa*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~POD~~ ☒ DELETE  
NAME SOUSA, SHELLEY  
STREET ADDRESS ~~875 NW 86TH CT #1~~  
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME SOUSA, SANDRA R.  
STREET ADDRESS 375 NW 86TH CT #1  
CITY - ST - ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME P/S/D  
2.3 STREET ADDRESS SANDRA R. SOUSA.  
2.4 CITY - ST - ZIP 375 NW 86th CT #1  
MIAMI, FL 33126

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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: *Sandra Sousa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 04-24-96

H(305)264-0314

CR2E034 (12/95)