

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

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93 MAY -1 PM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1995 S-1-95

5857-C

DOCUMENT # **L71544** (5)

THE NEW MIAMI WHOLESALE EXIMPORT, INC.

Principal Office Address: **3399 NW 72ND AVE SUITE 107 MIAMI FL 33122**
Mailing Address: **3399 NW 72ND AVE SUITE 107 MIAMI FL 33122**

PLEASE PRINT OR TYPE IN THIS SPACE

2. Filing Period (1/1/95 - 12/31/95)	2a. Mailing Address	3. Date of Incorporation (05/09/1990)	3a. Date of Last Report (04/22/1994)
21. State of Incorporation (FL)	26. State of Mailing (FL)	4. Filing Number (65-0192355)	Appraisal Fee (Not Applicable)
22. State of Principal Office (FL)	27. State of Mailing (FL)	5. Certificate of Status (Correct) <input type="checkbox"/>	\$8.75 Additional Fee Required
23. State of Principal Office (FL)	28. State of Mailing (FL)	6. Insurer (Carpenter Insurance) <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. State of Principal Office (FL)	29. State of Mailing (FL)	30. This corporation has had a change of jurisdiction (Yes/No) <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VIMO, NORMAN
3399 NW 72ND AVE
SUITE 107
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address	86. City
83. City	87. State
84. Zip	88. Country

11. I hereby certify that the information supplied with this filing is substantially correct and that the information stated in this report is true and correct. I understand and agree to pay the fee for the preparation and filing of this report and the fee for the filing of this report. I understand that the filing of this report is required by law and that the filing of this report is required by law and that the filing of this report is required by law.

12. Name of Officer	13. Title of Officer	14. Signature of Officer	15. Date of Signature
DPS			
VIMO, NORMAN			
3399 NW 72ND AVE STE 107			
MIAMI FL			

14. I hereby certify that the information supplied with this filing is substantially correct and that the information stated in this report is true and correct. I understand and agree to pay the fee for the preparation and filing of this report and the fee for the filing of this report. I understand that the filing of this report is required by law and that the filing of this report is required by law and that the filing of this report is required by law.

SIGNATURE: *Norman Vimo* *Pro* 3-18-95 305-599-9955