

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

FILED  
Aug 07 1997 8:00am  
Secretary of State

DOCUMENT # L95000000135

1. Corporation Name

U.S. KOLON EXPORT LIMITED COMPANY

Principal Place of Business

Mailing Address

7400 NW 7 STREET SUITE #105  
MIAMI, FLORIDA 33126

3. Date Incorporated or Qualified

02/17/95

3a. Date of Last Report

MAY 1996

2. Principal Place of Business

2a. Mailing Address

21 7400 NW 7 STREET

26

4. FEI Number

65-0556629

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 105

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

23 MIAMI, FL.

28

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

Zip

Country

Zip

Country

24 33126

25 US

29

30

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

JAMES RIEGLER

12651 SOUTH DIXIE HWY

SUITE 209, SOUTH PARK CENTER

MIAMI, FL. 33156-5975

81 Name

GEORGE SAMAN

82 Street Address (P.O. Box Number is Not Acceptable)

7400 NW 7 STREET

83

SUITE 105

84 City

MIAMI, FL.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP, S

SAMAN, GEORGE

94 PALM AVE, MIAMI BEACH, FL.

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP

PULIDO, ANTONIO

4705 NW 7 ST. #405 MIA, FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP, T

PRADO, FRANCISCO SANCHEZ

7400 NW 7 ST. #105 MIA. FL. 33126

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P

ABBOUD, ABDUL M.

7400 NW 7 ST. #105 MIA. FL. 33126

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 265-0440

Daytime Phone \*

CR2E034 (9/96)