2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount

		Due To Rel	nstate: \$7	703.75			_				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 97 AUG 29 PM 3: 44				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT #L9500000623							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
EXIMPORT, L.C. 2250 N.W. 93RD AVENUE MIAMI FL 33172							18. Principal Place of Business Address 2250 N.W. 93RD AVENUE MIAMI FL 33172				
If above a		information and enter correction in Block 2a. ng Address			3. Date Organize	ed or Qualified	3a. State	e of Formation			
									FL	'L	
Suite, Apt. #, etc. Suite, Apt				i. #, etc.			4. FEI Number	<u> </u>	<u>r. – </u>	Applied For	
City & State City & Sta				ate			65-0604516 Γ		Not Applicable		
Zip Country Zip				Country			5. Date of Last Report		6. Certific	cate of Status Desired	
Lip Coonty Lip						,	06/27/19	/1996		S8.75 Additional Fee Hequired	
	end Address of Curren	d Agent	Agent			ress of New Re	gistered A	.gent			
799 B SUITE MIAMI	FABER, P.A L PLAZA	Street Address of Suite, Apt. #, et			(P.Ö. Box Number is Not Acceptable) c. Zip Code						
its registe	red office or reg	sions of Sections 608.416 distered agent, or both, in the accept the obligations.									
SIGNATU	JRE	(Registered Agent Accepting	Appointment)	(NOTE Registered Ag	ent signatu	re required when reinstate	[ng)	DATE			
10. Title Managing Members/Managers					Business Street Address			City, State and Zip Code		Zip Code	
					2250 N.W. 93RD AVE. 449 N.W. 95TH AVENU						
							80	L ~09703	3/97[35.7431 01029003 ****588.75	
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11. Ido hereby certify that the information supplied with this filing does yot qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.