## File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -6 AM 8: 53 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** 19500000623 1s. Principal Place of Business Address EXIMPORT, L.C. 2250 N.W. 93RD AVENUE 2250 N.W. 93RD AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2301 NW 93RD AVENUE Suite, Apt. #, etc. SAME 08/14/1995 FLSuite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0604516 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 33172 USA 08/29/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA Street Address (P.O. Box Number is Not Acceptable) SUITE 900 MIAMI FL 33131 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited fiability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Myristered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM JAAR, ROGER 2250 N.W. 93RD AVE. MIAMI FL MGRM ABN INVESTMENTS INC., 449 N.W. 95TH AVENUE PLANTATION FL 900002517279--3 -05/08/98--01082--001 \*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing do story and 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 excute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: