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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

|                                       |  |   | Secretary of State DIVISION OF CORPORATIONS |                                       | Secretary of State   |  |  |
|---------------------------------------|--|---|---|---------------------------------------|--|--|--|
|                                       |  | 34 (1)  |   | <del></del>                           |  |  |  |
| EINEL                                 | EXPORT IMPORT CORP.  |   |   |                                       |  | 1 8181 91814 81811 81811 91811 81814 81811 1981  |  |
| Principal Plac                        | e of Business  | Mailing Address                                       |   |                                       |  |  |  |
|                                       | Signature, ty, and or printed name of migracers.  OFFICERS  F  NE  ME  STATE  A  F  STATE  ST | 3451 N.E. 19TH AVENUE<br>FT. LAUDERDALE FL 33306-1040 |   |                                       |  |  |  |
| 1                                     |  |   |   |                                       | 3. Date incorporated or Qualifi 12/06/1984                 | ed 3a. Date of Last Report 05/28/1996            |  |
| · · · · · · · · · · · · · · · · · · · | Place of Business  | 2a. Mailing Address                                   | 3   |                                       | 4. FEI Number  | Applied Fo                                       |  |
| Suite, Apt                            | #, efc   | 26   Suite, Apt. #, etc                               | C.  | <del></del>                           | 59-2472517  8. Certificate of Status Desired               | \$8.75 Additions                                 |  |
| City & Stat                           | le   | City & State  | <u> </u>                                    |                                       | 6. Election Campaign Financin                              | 9 <b>\$5.00</b> May Be                           |  |
| <b>23</b> Zip                         | Country  | 28 Zip  | Cour  | itry                                  | Trust Fund Contribution  8. This corporation has liability | Added to Fees for intangible tax under s. 199.03 |  |
| 24                                    |  | 29  | 30  | · · · · · · · · · · · · · · · · · · · | Florida Statutes   | Yes No   |  |
|                                       | ······································   | rent Registered Agent                                 |   | B1 Name                               | 10. Name and Address of New                                | Registered Agent                                 |  |
| 310 S.E. 13TH STREET                  |  |   |   |                                       | dress (P.O. Box Number is Not Acce                         | ptable)  |  |
| г.                                    | EVODEUDVIE LE 00010  |   | ļī  | 93                                    |  |  |  |
|                                       |  |   | ļ.  | B4 City                               |  | FL 85 Zip Code                                   |  |
| 11. Pursuant                          | to the provisions of Sections 607.   | 0502 and 607.1508, Florida                            | Statutes, the ab                            | ove-named cor                         | poration submits this statement for t                      |  |  |
| agent. La                             | registered agent, or both, in the Si<br>am familiar with, and accept the ob-   | oligations of, Section 607.050                        | 05, Florida Statu                           | tes.                                  | allori s board of directors, i hereby as                   | ccept the appointment as register                |  |
| SIGNATURE                             | Signature, typed or printed name of registeres   | t agont and title if applicable                       | (NOTE: Registered                           | Agent signature requ                  | pired when reinstating)                                    | DATE   |  |
| 12.                                   | and the same of th | AND DIRECTORS   | 13.   |                                       | ADDITIONS/CHANGES TO O                                     | FFICERS AND DIRECTORS IN 12                      |  |
| THEF                                  |  | ·-  |   | Ę .                                   |  | Change Add                                       |  |
| NAME<br>PROVES ADDRESS                |  |   | 12 NA)                                      | 1                                     |  |  |  |
|                                       |  |   |   | EET ADORESS<br>Y-ST-ZIP               |  |  |  |
| 1/11                                  |  | DELET   |   |                                       |  | Change Add                                       |  |
| NAME                                  |  |   | 2.2 NA)                                     | AE ]                                  |  |  |  |
| STREET ADDRESS                        |  |   | 2.3 STR                                     | EET ADDRESS                           |  |  |  |
| CITY-ST-ZIP                           |  |   |   | Y-ST-ZIP                              |  |  |  |
| TITLE                                 | ļ  | [] DELET  | 1   |                                       |  | Change Ado                                       |  |
| NAME                                  |  |   | 3.2 NAM                                     | 1                                     |  |  |  |
| STREET ADDRESS                        |  |   |   | EET ADDRESS                           |  |  |  |
| CHY-SI-ZIF<br>TITUE                   |  | ☐ DELET   |   | Y-ST-ZIP                              |  | ☐ Change ☐ Ado                                   |  |
| NAME                                  |  |   | 4.1 HIL                                     | •                                     |  | Figure Files                                     |  |
| STREET ADDRESS                        |  |   |   | EET ADDRESS                           |  |  |  |
| CITY-ST-ZIF                           | İ  |   |   | r-\$t-zip                             |  |  |  |
| TITLE                                 |  | ☐ DELE1   |   |                                       |  | Change Add                                       |  |
| NAME                                  |  |   | 5 2 NA                                      | AE                                    |  |  |  |
| STREET ADDRESS                        |  |   | 5.3 STA                                     | EET ADDRESS                           |  |  |  |
| CITY - ST - ZIP                       |  |   |   | 1-S1-ZIP                              | · · · · · · · · · · · · · · · · · · ·                      |  |  |
| TITLE                                 |  | ☐ DELET   | ı   | •                                     |  | Change Add                                       |  |
| NAMÉ                                  |  |   | 6.2 NAM                                     | AE ]                                  |  |  |  |

64 CITY - ST-ZIP 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 any attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

May 02 1997 8:00am

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