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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # MILOZOI



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90170 015 ***150.00

	Corporation IMPORTE	i iyaille	TIONAL, INC.		•								
Principal Place of Business Mailing Address										ţ U\$ Q\$ 1 U U 06 U\$ 8	001 IEBS DEBTI	AIBII AIBI! EIBII A	(3)) BIBN \$001
1996 S.W. 1ST STREET. 1996 S.W. 1ST STREET MIAMI FL 33135-1640 MIAMI FL 33135-1640								DO NOT WRITE IN THIS SPACE					
					_					3. Date Incorporated or Qualifed 01/31/1985			
2.	Principal Pl	ace of Business		2a	. Mailing Address					4. FEI Number			plied For
21				26				_		59-2667822			t Applicable
22	Suite, Apt.	ite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required			
23	City & State	y & State			City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
	Zip	25	Country	29	Zip	Coun	itry	٠		This corporation owes the curr Personal Property Tax.	ent year Ir	ntangible Yes	∐No
24			Address of Curre		stered Agent	1001				10. Name and Address of New I	Registered	l Agent	
MANOPLA, ALBERTO 121 NE 9 STREET MIAMI FL 33132							81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — 85 Zip Code						
11.	Pursuant	to the provisions	of Sections 607.05	02 and 6	607.1508, Florida Statut	1	ove	City	corpora	tion submits this statement for the board of directors. I hereby acce	purpose o	_ 1 - 1	
	agent. I ar	egistered agent, om familiar with, a	nd accept the oblig	ations of	Section 607.0505, Flo	rida Statu	tes.	u ie corpo	Ji Bu Oii 3	board of directors. This copy descrip	х (,,о срр.		,
SIC	GNATURE	Signature, typed or prin	ited name of registered ag	ent and title	if applicable. (NOTE	Registered /	\gen	t signature re	equired wh	en reinstating)	DATE		
12.		. OFFICERS AN			ID DIRECTORS			13.		ADDITIONS/CHANGES TO OF	FICERS A		
TITL	E	D			■ DELETE	1.1 TITL	E.		!			Change	☐ Addition
NAM	1E	GONTOVNIK,				1.2 NAM							
STR	EET ADORESS	8340 NW 66	STREET			1.3 STR	REET	ADDRESS					
CITY	r-ST-ZIP	<u>Miami Fl</u>				1.4 C/T		r-ZIP					Addition
TITL	.E	PS			☐ DELETE	2.1 TITL	E		D/P			x Change	☐ Addition
NAM	Æ]		entura, alberi	О		2.2 NA	ИE			OPLA VENTURA, ALBI	ERTO		
STR	EET ADORESS	8340 NW 66	STREET			2.3 STF	REET	ADDRESS		NW 25 Street			
cm	/-ST-ZIP	MIAMI FL				2. 4 CIT		T-ZIP	Mia	mi, Florida 33127			
TITL	.E				☐ DELETE	3.1 TIT						☐ Change	☐ Addition
NAM	4E					3.2 NAM		Į					!
STR	EET ADDRESS							ADDRESS					
	r-ST-ZIP					3.4. CIT		T-ZIP	ļ			☐ Change	☐ Addition
TITL	.E				☐ DELETE	4.1 TITI						□ cuange	
NAN	Æ					4. 2 NA							
STR	EETADORESS					4.3 STF	REET	ADDRESS					
CITY	r-ST-ZIP					4.4 CIT	Y-SI	T-ZIP					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 trust is enpowered 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 with all other like empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNA

DELETE

☐ DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Alberto Manopla Ventura

4/23/99

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition