

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

SE MAY -1 AM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22927 (1)

1. Corporation Name

EXPORTERS A & M, INC.

Principal Place of Business

**1930 NW 23RD ST.
MIAMI FL 33142**

Mailing Address

**1930 NW 23RD ST.
MIAMI FL 33142
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
03/07/1994

4. FEI Number
59-2595893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.03,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite Apt # etc

2a. Mailing Address

26 Suite Apt # etc

22 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

**BUHLER, C. PETER
2050 CORAL WAY
STE.402
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0102, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
**PD
REGOLI, A. J.**
12.2 STREET ADDRESS
15991 SW 252 ST
12.3 CITY, ST, ZIP
HOMESTEAD FL

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST, ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.02, Florida Statutes. I further certify that the information included 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 liquidator thereof 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 liquidator thereof 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 liquidator thereof and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD Regoli, A.J. President 4/24/95 034-0589