

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE IN OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M33661**

1. Corporation Name

C.M.C. Import & Export, Inc.

Principal Place of Business

Mailing Address

**P.O. Box 112096
Hialeah, Florida 33010-9998**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 112096**

26

Suite Apt # etc

Suite Apt # etc

22 City & State

27 City & State

23 **Hialeah, FL 33010-9998**

28

24 **33010-9998** 25 **Dade**

29

30 Country

9. Name and Address of Current Registered Agent

**Carlos H. Contreras
20 NW 124th Ave
Miami, Florida 33182**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date the corporation was organized

3a. Date of Incorporation

06/12/86

4. FID Number

59-2685015

Approved by
Notary Public

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
To Report Contributions

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

8. This corporation has liability for the payment of the
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.01, Florida Statutes, I hereby certify that the corporation is in good standing and that the provisions of Chapter 607, Florida Statutes, have been complied with and that the corporation is in good standing and that the provisions of Chapter 607, Florida Statutes, have been complied with and that the corporation is in good standing and that the provisions of Chapter 607, Florida Statutes, have been complied with.

SIGNATURE

12. OFFICER OR AGENT FOR SERVICE

12a. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

12b. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

12c. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

12d. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
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12e. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

12f. OFFICER OR AGENT FOR SERVICE
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

13b. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

13c. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

13d. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
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13e. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
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13f. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: **Carlos H. Contreras**
STREET ADDRESS: **20 NW 124th Ave**
CITY, STATE, ZIP: **Miami, Florida 33182**

14. I do hereby certify that the information supplied is true and correct to the best of my knowledge and belief, and that the corporation is in good standing and that the provisions of Chapter 607, Florida Statutes, have been complied with and that the corporation is in good standing and that the provisions of Chapter 607, Florida Statutes, have been complied with.

SIGNATURE: **Carlos H. Contreras**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS H. CONTRERAS

PRES. 7/9/96

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***225.00**

CR2E034 (3/95)