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

PROFIT **CORPORATION ANNUAL REPORT** 



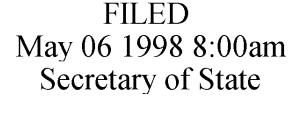
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)



C.M.C. IMPORT & EXPOR	I, INC.		
Principal Place of Business	Mailing Address		T TOURDAIN TOU THIND TITLE DISTO BLICK BLOCK ALBERT BEREF BEREF REAL BROKE BLOCK BROKE BROKE BLOCK BROKE BROKE
20 NW 124TH AVE. MIAMI FL 33182:1234	C/O DIAZ & ASSOC 780 NW 42ND AVE MIAMI FL 33126	ITES. INC. STE 621	DO NOT WRITE IN THIS SPACE
	MIAMI FE 33120		3. Date Incorporated or Qualified 06/12/1986
Principal Place of Business     Section 21	2a. Mailing Address 26		4. FEI Number Applied For 59-2685015 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution
Zip Country  24 25	Zip [29] St Current Registered Agent	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
		81 Name	10. Name and Address of New Registered Agent
CONTRERAS, CARLOS H. 20 N.W. 124TH AVE.			ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33182		83	
		84 City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections office or registered agent, or both, in a agent, I am familiar with, and accept the</li> </ol>	-607.0502 and 607.1508, Florida Stat the State of Flonda. Such chan <mark>ge wa</mark> the obligations of, Section 607.0 <mark>50</mark> 5,	tutes, the above-named corp s authorized by the corporati Florida Statutes.	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of no	gesterud agent and the if applicable (N	OTE: Registered Agent signature require	ed when reinstating) DATE
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	11 TITLE	Change Addition
NAME CONTRERAS, CARL		1.2 NAME	
STREET ADDRESS 20 N.W. 124TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33182		1.4 CiTY - ST - ZiP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-SI-ZIP		2. 4 CITY - S1 - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
C(TY-ST-ZIP	E DE COL	4.4 CITY - ST - ZIP	0
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS 1	
CITY-ST-ZIP	DELETE	54 CITY-SI-ZIP	Change I delice
TITLE	LJ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREFT ADDRESS	
14. I bereby certify that the information su	polied with this filing does not quality	for the exemption stated in 5	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 on an attachment with an address.