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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M57662

INTERNATIONAL EXPORT SALES, INCORPORATED

| Principal Plac<br>2231 SW 19TH<br>MIAMI FL 3314 | I AVE.  | Mailing Address<br>2231 SW 19TH AVE.<br>MIAMI FL 33145-3849 | 2231 SW 19TH AVE.         |                                       |  |                                |                               |  |
|---|---|---|---------------------------|---------------------------------------|--|--------------------------------|-------------------------------|--|
|   |   |   |                           |                                       | 3. Date Incorporated or Qualified 08/19/1987   | 3a. Date of Last<br>03/18/1996 |                               |  |
| 21  | lace of Business                                  | 2a. Mailing Address<br>26                                   |                           |                                       | 4. FEI Number NOT APPLICABLE   | <del>  </del>                  | Applied For<br>Not Applicable |  |
| Suite, Apt.                                     |   | Suite, Apt. #, etc.   |                           |                                       | 5. Certificate of Status Desired   |                                | 5 Additional<br>Required      |  |
| City & State                                    |   | City & State  | 8                         |                                       | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees             |                                |                               |  |
| Zip<br>24                                       | Country   7ip   Country   25   29   30            |   |                           |                                       | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |                                |                               |  |
| CAN   | TAMARINA, ALBERTO                                 | nt Hegistered Agent   | 81                        | Name                                  | 10. Name and Address of New Re   | Jistered Agent                 |                               |  |
| 2231 S.W. 19TH AVENUE MIAMI FL 33145            |   |   |                           |                                       |  |                                |                               |  |
|   |   |   | 82                        | Street Add                            | Address (P.O. Box Number is Not Acceptable)  |                                |                               |  |
|   |   |   | 83                        | · · · · · · · · · · · · · · · · · · · |  |                                | • • • • •                     |  |
|   |   |   | 84                        | City                                  |  | ne   7                         | p Code                        |  |
| <u></u>   |   |   |                           | •                                     |  |                                |                               |  |
| I Oπice or r                                    | <b>edistered adont, or both, in the State</b>     | e of Florida. Such channe was                               | sauthorizad by            | the corporat                          | poration submits this statement for the pition's board of directors. I hereby accept           | urpose of changing             | j its registered              |  |
| agent. I a                                      | m familiar with, and accept the oblig             | gations of, Section 607.0505, F                             | Iorida Statutes           | 3.                                    |  | тио арраничени                 | 20 1091010100                 |  |
| SIGNATURE                                       | Signature, typod or printed name of registered as | tent and tille it authorable (NC)                           | Ti' Harusharad And        | ot cionat en teorie                   | rod when reinstating)  | DATE                           |                               |  |
| 12.   |   | ND DIRECTORS  | 13.                       | an signature regor                    | ADDITIONS/CHANGES TO OFFIC   |                                | ORS IN 12                     |  |
| TITLE   | DP  | DELETE  | 1,1 TITLE                 |                                       |  | Change                         |                               |  |
| NAME  | SANTAMARINA, ALBERTO                              |   | 1.2 NAME                  |                                       | •  |                                |                               |  |
| STREET ADDRESS                                  | 2231 S.W. 19TH AVENUE<br>MIAMI FL                 |   | 1.3 STREET                | ADDRESS                               |  |                                |                               |  |
| CITY-ST-ZIP<br>TITLE                            | MANIFL  | DITETE  | 1.4 CITY - S              | 1-ZIP                                 |  |                                |                               |  |
| NAME  |   | Ortite  | 2.1 TITLE                 |                                       |  | ∐ Change                       | e L Addition                  |  |
| STREET ADDRESS                                  |   |   | 2.2 NAME<br>2.3 STREET    | ADDRESS                               |  |                                |                               |  |
| CITY-ST-ZIP                                     |   |   | 2. 4 CITY- 5              |                                       |  |                                |                               |  |
| TITLE   |   | DELETE  | 3 1 TITLE                 |                                       |  | ☐ Change                       | e Addition                    |  |
| NAME  |   |   | 3.2 NAME                  |                                       |  |                                |                               |  |
| STREET ADDRESS                                  |   |   | 3.3 STREET                | ADDRESS                               |  |                                |                               |  |
| CITY-ST-ZIP                                     |   |   | 34 CITY-5                 | ST - ZIP                              |  |                                |                               |  |
| TITLE   |   | ☐ DELETE  | 4 1 1HLF                  |                                       |  | ☐ Change                       | e 🔲 Addition                  |  |
| NAME<br>STORET ADDRESS                          |   |   | 4 2 NAME                  |                                       |  |                                |                               |  |
| STREET ADDRESS                                  |   |   | 43 STREET                 | i                                     |  |                                |                               |  |
| CITY-ST-ZIP<br>TITLE                            |   | ☐ DELETE  | 4.4 CrTY - S<br>5.1 TrTLE | I · ZH'                               |  | Change                         | e Addition                    |  |
| NAME  |   | <del>-</del>  | 5.2 NAME                  |                                       |  |                                | , Light of                    |  |
| STREET ADDRESS                                  |   |   | 5.3 STREET                | ADDRESS                               | ·  |                                |                               |  |
| CITY-ST-ZIP                                     |   |   | 5.4 CITY - S              |                                       |  |                                |                               |  |
| TITLE   |   | DELETE  | 6.1 1111.1                |                                       |  | Change                         | e 🔲 Addition                  |  |
| NAME  |   |   | 6.2 NAME                  |                                       |  |                                |                               |  |
| STREET ADDRESS                                  |   |   | 6.3 S1R9F1                | ADDRESS                               |  |                                |                               |  |

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 eath, 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, if on an attachment with an address.

6.4 CHY-\$1-2IP

**FILED** 

Apr 29 1997 8:00am

Secretary of State

A FERNORIA AND MAINE PROCESSION DIVIDE CONTRACTOR AND ARCHITECTURE CONTRACTOR ARCH