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

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

INTERNATIONAL EXPORT SALES, INCORPORATED

	THOUSE EXPOSIT ONES							
Principal Place of Business Mailing Address					1 (45140)) (4) 5)(1) (40) 4 5)(1) 43)(5)	· (\$1   \$1   \$1   \$1   \$1   \$1   \$1   \$1		141 81811 1881
2231 SW 19TH AVE. 2231 SW 19TH AVE.								
MIAMI FL 3314	3	MIAMI FŁ 93145			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
		_			08/19/1987			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		A	pplied For
21		26			NOT APPLICABLE		N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional	
22		27			5. Germonic of Status Besired		Fee R	lequired
City & State		City & State		6. Election Campaign Financing	_	\$5.00	May Be	
23		28		Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has p	_		
24	25 29 30			Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered .	Agent	
	ITAMARINA, ALBERTO		8	1 Name				
	i S.W. 19th avenue		8:	2 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
MIAI	MI FL 33145							
			8:	3				
			8	4 City			<b>85</b> Zip	Code
						FL		
office or re- agent. I am	the provisions of Sections 607.05 gistered agent, or both, in the Stat familiar with, and accept the oblig	e of Florida, Such change w	as authorized b	by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of pt the app	changing i ointment as	ts registered registered
SIGNATURE S	Ignature, typed or punied name of registered ac	jest accitile if applicable	(NOTE: Registered A	gent signature requ	ired when reinstaling)	DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	
TITLE	DP	DELETE	E 1.11ITLE				☐ Change	Addition
NAME	Santamarina, Alberto		1.2 NAME					
STREET ADDRESS	2231 S.W. 19TH AVENUE		1.3 \$1RE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	S1-ZIP				
TITLE		DELETE	2.1 1/11.6				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 \$180	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY					
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME		_ <del>_</del> ·····	3.2 NAME					
			S.E MINIC	- 1				

CITY-ST-ZIP 64 CITY - ST- 7IP 14. Thereby 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 offect as if made under early 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 attactyment with an address.

3.3 STREET ADDRESS 3.4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME 63 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

DELETE

DELETE

DELETE

4-1-48

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 13 1998 8:00am

Secretary of State