PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

J: Fall IMPONS & EXPORT DISTRIBUTOLS / NC. U

DOCUMENT # H 62542

1. Corporation Name

FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90001 021 ***558.50

					İ			
Principal Place of Business	Mailing Address							
420 N.W-13CAVZ.	420 D.W.1	36 Av	2.					
72370.00 - 70 0 7702.)				
Miam - 12.33/82	Miami-F2.33182 Miani-F2.33182				DO NOT WRITE IN THIS SPACE			
·					3. Date Incorporated or Qualifed			
					11-16	-87		}
2. Principal Place of Business	2a. Mailing Address			•	4. FEI Number		-	Applied For
21	26				65-00153	56		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	27				5. Certifcate of Status Desired		Fee !	Required
City & State	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23	28		_		Trust Fund Contribution		-	d to Fees
Zip Country					8. This corporation owes the curre	ent year Inta	ngible	
24 25	29	30			Personal Property Tax.	, ,	∐Yes	Æ No
9. Name and Address of Currer	t Registered Agent	1221			10. Name and Address of New R	egistered A	gent	
1 N	1		81	Name				
JANCHEZ, VOIN	<i>(</i> ·		_					
SANCHEZ, JUMM M. \$ 20 N.W. 13 CANE.			82	Street Address (P.O. Box Number is Not Acceptable)				
MIANI, FL. 33/82		-	83					
PIAMI, 72.33102			"					
			84	City		<u> </u>	85 Zip	p Code
			ᆚ			<u> </u>		
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 607.1508, Florida State	utes, the ab	ove-	-named corpor	ration submits this statement for the part of directors. I hereby access	purpose of o	:hanging i tment as	ts registered registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.	no corporation	as bodie of directors. Thereby decep	. по арроп		
SIGNATURE								
Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent:	signature required v		DATE		
12. OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
ππ.ε / Ρ. . λ .	☐ DELETE	1.1 1117	LE	l			Change	e Addition
NAME TUANH. SANCHEZ		1.2 NA	ME	•				
STREET ADDRESS 420 N.W. 136 AVE.		1.3 ST	REET/	ADDRESS				
CITY-ST-ZIP MIAMI - FL 3318.	2	1.4 CIT	Y-\$T-	-ZIP				
TITLE VPD.	☐ DELETE	2.1 ∏∏	LE				Change	e 🔲 Addition
NAME MARIASANCHEZ		2.2 NA	ME.					
STREET ANNOESS (1) - 11 11 13 (AIR.		23 ST	REFT A	ADDRESS				
STREET ADDRESS 420 N.W. 136 AVR. CITY-ST-ZIP MIANI-FL. 3318	2	2. 4 CF						
TIME MANIA DE LOS ANCEL	Delete	3.1 1711					Change	e Addition
		3.2 NA				-		
1420NW-136AVE				ADDRESS				
STREET ADDRESS CITY-ST-ZIP MIANI-F2.3316	<u>.</u>		-					
		3,4, CF		-2117			Change	e Addition
TITLE	□ pete≀e							
NAME		4. 2 NA						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		4.4 CIT		- ZIP			Char-	Additio-
TITLE	☐ DELETE	5.1 TITT					Change	e
NAME		5.2 NA						
STREET ADDRESS		5.3 STI	REET A	ADDRESS				Ì
CITY-ST-ZIP		5.4 CIT		-ZIP				
TITLE	☐ DELETE	6.1 TIT	Æ				Change	e 🗌 Addition
NAME		6.2 NA	ME					
STREET ADDRESS		6.3 STF	REET A	ADDRESS				
CITY-ST-7IP	•	6.4 CIT	Y-ST-	-ZIP				

14. I 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 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR