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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

8390 W. FLAGLER

SUITE 209



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M99383

(5)

Mailing Address

8390 W. FLAGLER

SUITE 203

AFRAM IMPORT AND EXPORT, CORPORATION

MIAMI FL 3314	14	MIAMI FL 33144-2039							
US		US			3. Date Incorporated or Qualified 09/20/1988 3a. Date of Last Report 03/27/1996			cort	
2, Principal F	race of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		App	lied For
21		26				65-0073059		Not /	Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Contilinate of Clab of Desired		\$8.75 Ad	ditional
22		27	-			5. Certificate of Status Desired		Fee Req	uired
City & Stat	£!	City & State				6. Election Campaign Financing		\$5.00 N	lav Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	ntangible tar	x under s. 1	199.032,
24	25	29	30			Florida Statutes	] Yes 🔲 I	No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	gistered Ag	ent	
GUAZZINI, AMADEO				B1 Name					
121	5 VALÈNCIA AVE.		82 Street Addre			ess (P.O. Box Number is Not Acceptab	(a)	<del></del>	
	RAL GABLES FL 33134			62	Street Addre	iss (P.O. Box Number is Not Acceptab	ιθ)		
				83					
				84	City	1	FL	85 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove	-named corpo	oration submits this statement for the pron's board of directors. I hereby accep		nanging its	registered
office or anent La	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorize Jorida Sta	d by	the corporation	on's board of directors. I hereby accep	t the appoin	itment as re	gistered
	and a supplied that the sought the cong	ations of, ocolloit 007.0000, f	ionaa oto	ilaios	14				
SIGNATURE	Styriature, typied or printed name of registered age	ont and title if applicable (NO	TE Registere	ed Age	nt signature require	(pridstanier nedw be	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		IRECTORS	IN 12
TITLE	DPS	DELETE	1.1 T	ITLE		,			Addition
NAME	GUAZZINI, AMADEO			IAME	j	•	_		
STREET ADDRESS	1215 VALENCIA AVE.				ADDRESS				
CITY-ST-ZIP	MIAMI FL			HTY-\$					
TILLE	V	DELETE	211		1-54		<del></del>	Change	Addition
NAME	BIANCHI, PRIMO			IAME	]			1 Outside	/Nutitizit
	1215 VALENCIA AVE.								
STREET ADDRESS	MIAMI FL		•		ADDRESS				
CITY-ST-7IP	V	Decemen	********	CITY-S	iT-ZIP	<del></del>		1.01	T"1 (222
THILE	BIANCHI, PRIMO	☐ DELETE	311				L	) Change	Addition
NAME				IAME		٠ پي ٠	×		
STREET ADDRESS	1215 VALENCIA AVE				ADDRESS	·			
CITY-ST-7IP	CORAL GABLE FL 33134	[m] Sc. 202		CITY-S	IT- ZIP	**************************************		1 2:	<b>1</b>
DILE	VD	DELETE	4 1 T				L	J Change	Addition
NAME	GUAZZINI, MIRIAM		4.21	NAME					
STREET ADDRESS	1215 VALENCIA AVE.		4.3 5	TREET	ADDRESS				
CITY- ST ZIP	MIAMI FL		4.4 0	HTY-S	T - ZIP				
TITLE		☐ DELETE	517	ITLE				Change	Addition
NAME			52 N	IAME					
STREET ADDRESS			5.3 \$	TREET	AODRESS				
CHY-ST-ZP			540	HTY-\$	T-ZIP				
TITLE		DELETE	61 T	ITLE			L	Change	Addition
NAME			6.2 N	IAME					
STREET ACCRESS					ADDRESS				
0.1.1.67.70			1						

SIGNATURE:

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 excluded 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.

305 559 5847

**FILED** 

Apr 02 1997 8:00am

Secretary of State