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 #

1. Corporation Name

(5)

	MIMPORT AND EXPORT, C											
•	ce of Business	Mailing Address										
8390 W. FLAGLER SUITE 209 SUITE 203 MIAMI FL 33144 US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US		03					09/20/1988	aiiieu				
2. Principal f	Place of Business	2a. Mailing Address				+	4. FEI Number				Applied	d For
21		26	16				65-0073059				Not Ap	plicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u> </u>				5. Certificate of Status Des	red			5 Additi Regulre	
City & Sta	10	City & State	City & State				A First Constitution First					
23 City & Sta	le	28				Election Campaign Finar Trust Fund Contribution	nçing)O May ed to Fe		
Zip	Country Zip			Country			8. This corporation owes or	has p	paid the ci	urrent year	Intangil	ble
24	25 29 30						Personal Property Tax d			Yes Yes	□ No)
	g, Name and Address of Curre	nt Registered Agent		81			10. Name and Address of I	New R	legisterec	Agent		'
GUAZZINI, AMADEO					Name							
1215 VALENCIA AVE. CORAL GABLES FL 33134					Street A	Addres	s (P.O. Box Number is Not A	ccepta	able)			
COMPL CABLES TE SUIST				83						··· -		
				84	City					85 Z	ip Code	
					•			· ·	FI	_ _	•	
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State am (Prolier with, and accept the oblig	02 and 607.1508, Florida Stat ute e of Florida. Such change was at	s, the a uthorize	bove d by	named the corp	corpor oration	ation submits this statement f n's board of directors. I hereb	or the y acci	purpose ept the ap	of changin pointment	g its reg as regis	jistered stered
	am (Inniliar with, and accept the oblig	ations of Section 607.0505, Flor	rida Sta N	tutes				2	hul e	ž		
SIGNATURE	Signature typed or plinted name of registered ag			d Age	nt signature i	required	when reinstating)		DATE	•		
12,		D DIRECTORS	13.				ADDITIONS/CHANGES TO	OFF	ICERS AN	ID DIRECT	ORS IN	12
TITLE	DPS	DELETE 1.1		TLE						Chang	je 🔲	Addition
NAME	GUAZZINI, AMADEO			1.2 NAME								
STREET ADDRESS	1215 VALENCIA AVE.	215 VALENCIA AVE. 1.		1.3 STREET ADDRESS						_		
CITY-ST-ZIP	MIAMI FL	MI FL 1.4			r-ziP							
TITLE	VT	DELETE	2.1 TITLE							☐ Chang	je 🔲	Addition
NAME	BIANCHI, PRIMO		2.2 NA									
STREET ADDRESS	1215 VALENCIA AVE.	2.3		TREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL			HY-\$	T-Z(P			.`				
TITLE	VT	☐ DELE te	3.1 TITLE		ľ			"	•	☐ Chang	e 🗀	Addition
NAME	BIANCHI, PRIMO		3.2 N	AME	ŀ							1
STREET ADDRESS	1215 VALENCIA AVE			3.3 STREET ADDRESS								1
CITY-ST-ZIP	CORAL GABLE FL 33134			3.4. CITY-ST-ZIP								
TITLE	VO	☐ DELE TE	4.1 THILE							☐ Chang	e 📙	Addition
NAME	GUAZZINI, MIRIAM	AZE MALENIOLA AME		4. 2 NAME								
STREET ADDRESS	4444 M P4			4.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		_	TY-\$1	r-ZIP					- F1 a		
TITLE	1	☐ DELE TE	5.1 Ti							Chang	je 📖	Addition
NAME	1		5.2 N									
STREET ADDRESS	1		5.3.51	TREET	address							I

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 changes, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

305 179 5947

Change

Addition

FILED

Feb 18 1998 8:00am

Secretary of State