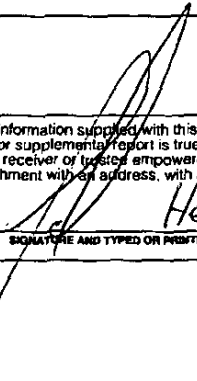


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 91055 043 ***150.00

DOCUMENT # P02000077653					
1. Entity Name H. J. IMPORT-EXPORT, CORP.					
Principal Place of Business 10300 SUNSET DR, STE 360 MIAMI, FL 33173			Mailing Address 10300 SUNSET DR, STE 360 MIAMI, FL 33173		
2. Principal Place of Business 14641 SW 108 ST MIAMI, FL 33186		3. Mailing Address 14641 SW 108 ST MIAMI, FL 33186		04072004 Chg-P CR2E034 (10/03)	
City & State MIAMI FLORIDA		City & State MIAMI Florida		4. FEI Number 56-2283188	
Zip 33186		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARA, HERMES 10300 SUNSET DR, STE 360 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name: JARA, HERMES Street Address (P.O. Box Number is Not Acceptable): 14641 SW 108 ST City: MIAMI FL Zip Code: 33186		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election/Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARA, HERMES PO BOX 832679 MIAMI, FL 33283	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  HERMES JARA			05/29/04 (305) 752-9588		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		