

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90005 015 ***550.00

DOCUMENT # P27162

Corporation Name

WEST INDIES EXPORT S.A. CORPORATION

Principal Place of Business

3727 SW 152ND STREET
SUITE 325
MIAMI FL 33177
S

Mailing Address

13727 SW 152ND STREET
SUITE 325
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

9370 SUNSET DRIVE

Suite, Apt. #, etc.

A-100

City & State

MIAMI, FL

Zip

33173

Country

25

Mailing Address

9370 SUNSET DRIVE

Suite, Apt. #, etc.

A-100

City & State

MIAMI, FL

Zip

33173

Country

29 30

9. Name and Address of Current Registered Agent

PONS, MARTIN E.
9370 SUNSET DRIVE #A100
SUITE 4920
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

MARTIN E PONS

82 Street Address (P.O. Box Number is Not Acceptable)

9370 SUNSET DRIVE

83

SUITE A-100

84 City

MIAMI

FL

85 Zip Code

33173

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

NAME	DELETE
PD ABREGO, JOSE BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>
VD BERMUDEZ, FRANCISCO M. BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>
SD CONTRERAS, LILIA BAKER BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>
D DORADO, RICARDO BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>
AS PONS, MARTIN E. 8460 N. KENDALL DR. MIAMI FL	<input type="checkbox"/>
	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

4. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTIN E PONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

(305) 275-7072
Daytime Phone #

CR2E034 (11/98)