FILE NOW: FILING FEE APPLIES MAY 1

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
95 JUN 14 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P-92000011788 (6)

1. Corporation Name
AT LAST IMPORT & EXPORT CORPORATION

Principal Place of Business	Mailing Address
839 NORTH HOMESTEAD BLVD HOMESTEAD, FLORIDA 33030	839 NORTH HOMESTEAD BLVD HOMESTEAD, FLORIDA 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/92
3a. Date of Last Report: 05/01/93

2. Principal Place of Business
21 839 NORTH HOMESTEAD BLVD.
Suite, Apt. #, etc.
22 -
City & State
23 HOMESTEAD, FLORIDA
Zip 24 33030 Country 25 DADE

2a. Mailing Address
26 839 NORTH HOMESTEAD BLVD
Suite, Apt. #, etc.
27
City & State
28 HOMESTEAD, FLORIDA
Zip 29 33030 Country 30 DADE

4. FEI Number: 65-0396790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
JUAN ANTONIO GONZALEZ MENDOZA
15961 S.W. 284TH STREET
HOMESTEAD, FLORIDA 33030

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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: JUAN A. GONZALEZ MENDOZA 05/18/95
Signature of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	D/P/S	11 TITLE		☐ Change ☐ Addition
NAME	JUAN A. GONZALEZ MENDOZA	12 NAME		
STREET ADDRESS	15961 S.W. 284TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: 05/18/95 (305) 246-7955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #