SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000010953 (6)

1. Corporation Name

ABSOLUTE IMPORT EXPORT, INC.

Principal Place of Business	Mailing Address
1400 NW 65TH AVE. SUITE D PLANTATION FL 33313 US	1400 NW 65TH AVE. SUITE D PLANTATION FL 33313 US

2. Principal Place of Business	2a. Mailing Address
21 2600 N.W. 124TH AVE	26 2600 N.W. 124TH AVE
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 CORAL SPRINGS, FL	City & State: 28 CORAL SPRINGS, FL
Zip: 24 33065 — Country: 25 BROWARD	Zip: 29 33065 — Country: 30 BROWARD

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 08/10/1995
4. FEI Number: 65-0393099 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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**

CONE, WILLIAM J JR
514 SE SEVENTH ST
FT LAUDERDALE FL 33301

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 ____________ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PEREZ, ROBERTO	
STREET ADDRESS	1400 NW 65TH AVE., STE. D	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☐ DELETE
NAME	FORSYTHE, BRYAN	
STREET ADDRESS	1400 NW 65TH AVE., STE. D	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	X DELETE
NAME	PEREZ, REVA	
STREET ADDRESS	1400 NW 65TH AVE., STE. D	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	☐ DELETE
NAME	PEREZ, ROBERTO	
STREET ADDRESS	1400 NW 65TH AVE. #D	
CITY-ST-ZIP	PLANTATION FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2600 N.W. 124TH AVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2600 N.W. 124TH AVE	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ________ ROBERTO PEREZ PRESIDENT — 8/4/96 — 954-796-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #