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PROFIT CORPORATION ANNUAL REPORT

TIVADI EXIMPORT CORP.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF CORPCE DOCUMENT # P93000017647 (7)

FILED
May 02 1997 8:00am
Secretary of State

|                             |   | <br>                       |
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|                             |   | BRIDI BRALL IBBI II        |
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| THE REPORT OF THE PERSON OF | #   | REAL BOOK AREA             |

| Principal Place of Business Mailing Address  |  |                                    |   |   |   |  |  | JII (60) IEU                    |  |
|--|--|------------------------------------|---|---|---|--|--|---------------------------------|--|
| 6830 INDIAN C<br>APT 306   | CREEK  | 1015 N                             | WISA  | 1E<br>221                               | 2.5   |  |  |                                 |  |
| 6830 INDIAN CREEK  APT 306  MIAMI BEACH FL 33141  APT 306  MIAMI FG 33141  APT 306  APT 306 |  |                                    |   |   |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1993 02/27/1996            |  |                                 |  |
| 2. Principal P   | race of Business   | 2a, Mail                           | ing Address   | *************************************** |   | 4. FEI Number  |  | Applied For                     |  |
| 21 26  |  |                                    |   | 65-0392554                              |   | Not Applicable   |  |                                 |  |
| Suite, Apt #, etc.   |  | 27                                 | Lance A   |   |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required         |                                 |  |
| City & State   |  |                                    | City & State  |   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be  Added to Fees   |  |                                 |  |
| Zıp  | Country  | Zip                                |   | Countr                                  | У   | 8. This corporation has liability for it   |  | s. 199.032,                     |  |
| 24   | 25   | 29                                 |   | 30                                      | · · · · · · · · · · · · · · · · · · ·                   |  | Yes No                                 |                                 |  |
| <del></del>  | 9. Name and Address of Curre   | ent Registered                     | Agent   |   | (I N  | 10. Name and Address of New Reg  | istered Agent                          |                                 |  |
|  | HL, HERNAN J   |                                    |   | 81                                      | Name  | Wilson Batista Campos  |  |                                 |  |
|  | 0 INDIAN CREEK   |                                    |   | 82                                      |   | dress (P.O. Box Number is Not Acceptable   | 9)                                     |                                 |  |
|  |  |                                    |   |   |   | 0 Indian Creek 306   |  |                                 |  |
| MIAI   | MI BEACH FL 33141  |                                    |   |   | 1   |  |  |                                 |  |
|  |  |                                    |   | 84                                      | Mis   | ami Beach  |  | Code<br>3141                    |  |
| 11. Pursuant office or r   | to the group of Sections 607.08<br>registered to it, or both, in the Sta<br>im fagilia and accept the obli | 502 and 607.15<br>te of Florida Si | 08, Florida Statute<br>och change was at<br>tion 607 0505. Flor | s, the above<br>uthorized b             | e-named corpora   | rporation submits this statement for the pu<br>ation's board of directors. I hereby accept | rpose of changing<br>the appointment a | its registered<br>is registered |  |
| SIGNATURE  | Stgr. tire, typing or per tee name of registered a   |                                    |   |   |   | uired when reinstating)  | DATE                                   |                                 |  |
| 12.  |  | ND DIRECTOR                        |   | 13.                                     | Soul adversion toda                                     | ADDITIONS/CHANGES TO OFFIC   |  | ORS IN 12                       |  |
| TITLE  | VP   |                                    | DELETE  | 1.1 TITLE                               |   |  | Change                                 |                                 |  |
| NAME   | VAZQUEZ, CARLOS A  |                                    |   | 1.2 NAME                                |   |  |  |                                 |  |
| STREET ADDRESS   | 6830 INDIAN CREEK 306  |                                    |   | 1 3 STREE                               | T ADDRESS   |  |  |                                 |  |
| CITY - ST - ZIP  | MIAMI BEACH  |                                    |   | 1.4 City-                               | ST-ZIP  |  |  |                                 |  |
| TITLE  | S  |                                    | ☐ DELETE  | 21 TITLE                                |   |  | Change                                 | Addition                        |  |
| NAME   | BATISTA CAMPOS, WILSON   |                                    |   | 2 2 NAME                                |   |  |  |                                 |  |
| STREET ADDRESS   | 6830 INDIAN CREEK #306   |                                    |   | 2.3 STREE                               | T ADDRESS   |  |  |                                 |  |
| C(1Y - ST - 7IP  | MIAMI BEACH FL   |                                    |   | 2 4 CITY                                | - ST - ZIP  |  |  |                                 |  |
| TILE   | PD   |                                    | DELETE  | 3.1 TITLE                               |   | Wilson Date of Commen  | Change                                 | Addition                        |  |
| NAME   | DIEHL, HERNAN J  |                                    |   | 3.2 NAME                                |   | Wilson Batista Campos  | -                                      |                                 |  |
| STREET ADDRESS   | 6830 INDIAN CREEK #306   |                                    |   | 3.3 STREE                               | ET ADORESS  | 6830 Indian Creek #306   |  |                                 |  |
| C(TY+ST-Z)P  | MIAMI BEACH FL 33141   |                                    |   | 3.4. CITY                               | -ST-ZIP   | Miami Beach, Fl. 3314  | <u> </u>                               |                                 |  |
| TITLE  |  |                                    | ☐ DELETE  | 4.1 TITLE                               |   |  | ☐ Change                               | e 🛄 Addition                    |  |
| NAME   |  |                                    |   | 4. 2 NAM                                | E   |  |  | -                               |  |
| STREET ADDRESS   |  |                                    |   | 4.3 STREE                               | ET ADDRESS  |  |  |                                 |  |
| CHY-ST-ZIP   |  |                                    |   | 4.4 CITY-                               |   |  |  | <b></b>                         |  |
| THE  |  |                                    | ☐ DELETE  | 5.1 TITLE                               | - 1   |  | Change                                 | Addition                        |  |
| NAME   |  |                                    |   | 5.2 NAMI                                | 1   |  |  |                                 |  |
| STREET ADDRESS   |  |                                    |   |   | ET ADDRESS  |  |  | l                               |  |
| CITY-ST-ZIP  |  |                                    | Delete  | 5.4 CITY-                               |   |  | ☐ Change                               | e                               |  |
| TITLE  |  |                                    | ☐ DELETE  | 6.1 TITLE                               |   |  | L Change                               | T Addition                      |  |
| NAME   |  |                                    |   | 6.2 NAMI                                | i .   |  |  |                                 |  |
| STREET ADORESS   |  |                                    |   |   | EI ADDRESS  |  |  |                                 |  |
| CITY - ST - ZIP  | 1  |                                    |   | 6.4 CITY                                | · ST · ZIP  | and in Continue 440 A7(2)(i) Elevide Classes   | I findbay and the sh                   | ot the                          |  |

14. I do 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 correction 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 in a figed, or on an attachment with an address.

SIGNATURE

ADDITION OF THE AND TWO OF BEAUTIED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-1997

Daytime Phone #