## 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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90178 008 \*\*\*150.00

DOCUMENT	#	P93000020264
POCOMICIAL	$\pi$	P93000020204

1. Corporation Name

EXPORT SALES, INC.

Principal Place	of Business	Mailing Address						
1506 E. 4TH AV	/F #B	P.O. BOX 160401						
HIALEAH FL 330		HIALEAH FL 33016-0007						
					DO NOT WRITE IN THIS	SPACE		
}					3. Date Incorporated or Qualifed		· j	
					03/17/1993			ı
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 52-2089648	Ap	plied For	ı
21		26			APPLIED FOR	No	t Applicable	Į
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			a contract of State Basical	\$8.75	Additional	ı
22		27			5. Certifcate of Status Desired	Fee Re	equired	l
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	ı
23		28			Trust Fund Contribution	Added t	o Fees	ı
Zip	Country	Zip C	ountry	y	8. This corporation owes the current year in	tangible		!
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No			ı
) <del></del> ,	9. Name and Address of Curre				10. Name and Address of New Registered	Agent		
			81	Name				
BERG	GER, ANTHONY N		-	5	(D.O. D., March - i. Mat Acceptable)			ı
7160	NW 179TH STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1	ſ
#103	<b>.</b>		83	<del>,</del>				ĺ
MIAM	II FL 33015		L	1				ĺ
			84	City	FI	85 Zip (	Code	ı
		00 1 007 4500 Florido St. b			oration submits this statement for the purpose o	f changing its	registered	ı
office or r	opictored appent or both in the State	of Florida. Such change was authori:	red hy	the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered	ı
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida S	tatute	6			l	1
SIGNATURE	Anthony Burger - Pr	esident as			4-29-99			1
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Registe	<u>`</u>	nt signature required		NO DIDECTO	DC IN 42	1
12.			3.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	3
TITLE	PVST	_	1 TITLE			C.J Criange		
NAME	BERGER, ANTHONY N		2 NAMÉ				ļ	1
STREET ADDRESS	1506 E. 4TH AVE., #B	1.	STREE	TADDRESS				į
CITY-ST-ZIP	HIALEAH FL 33010		CITY-S	ST-ZIP				ļ
TITLE	D	☐ DELETE 2.	TITLE			Change	☐ Addition	╷`
NAME	BERGER, ANTHONY N	2.	2 NAME					ı
STREET ADDRESS	1506 E. 4TH AVE., #B	2	STREE	TADORESS			1	ł
CITY-ST-ZIP	HIALEAH FL 33010	2.	4 CITY-	ST-ZIP				ı
TITLE		☐ DELETE 3.	1 TITLE			☐ Change	Addition	ı
NAME		. 3.	2 NAME					ı
STREET ADDRESS		3.	3 STREE	TADDRESS				ł
CITY-ST-ZIP		3.	4. CITY-	ST-ZIP				1
TITLE			1 TITLE			Change	☐ Addition	İ
NAME		4.	2 NAME					
STREET ADDRESS				T ADDRESS				
			4 CITY-1					
CITY-ST-ZIP TITLE			1 TITLE	5/- £IF		Change	Addition	ĺ
			2 NAME			-· •		
NAME		,	3 STREE	ET ADDRESS			•	
STREET ADDRESS		, v.	LL					1

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(t). 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 truste 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: A

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4-29-99

305-364-9342

☐ Change

Addition

Daytime Phone #

1 (11/98)

**=**::::

CR2E034 (11/