FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:18

DOCUMENT # **P93000027787 (9)**

1. Corporation Name
D & D IMPEX MIA INC.

Principal Place of Business	Mailing Address
17070 COLLINS AVE SUITE 215D MIAMI BEACH FL 33160 US	17070 COLLINS AVE SUITE 215D MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1993
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21): 802 RAYMOND ST
2a. Mailing Address (26): 802 RAYMOND ST.

4. FEI Number: 65-0412380 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

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

City & State (23): MIAMI BCH, FL
City & State (28): MIAMI BCH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24): 33141 Country (25):
Zip (29): 33141 Country (30):

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

9. Name and Address of Current Registered Agent

NICOLESCU, DAN
17070 COLLINS AVE
SUITE 215D
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: DORINA NICOLESCU
82 Street Address (P.O. Box Number is Not Acceptable)
83: 802 RAYMOND ST
84 City: MIAMI BCH FL 85 Zip Code: 33141

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: Dorina Nicolescu DORINA NICOLESCU 5-16-95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	NOCOLESCU, DAN	12 NAME	DORINA NICOLESCU	
STREET ADDRESS	802 RAYMOND ST	13 STREET ADDRESS	802 RAYMOND ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	14 CITY-ST-ZIP	MIAMI BCH, FL 33141	
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	NOCOLESCU, DORINA	22 NAME		
STREET ADDRESS	802 RAYMOND ST	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141	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		

REMITTED BY MAY 1

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: Dorina Nicolescu DORINA NICOLESCU 4-28-95 861209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Internal Revenue #)

0172306 CP