

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # P93000031736 (0)

1. Corporation Name
P. & C. IMPORT EXPORT CORP.

Principal Place of Business

13329 SW 59 TERR
MIAMI FL 33183

Mailing Address

13329 SW 59 TERR
MIAMI FL 33183-5157



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1993		3a. Date of Last Report 01/30/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PADILLA, MAXIMO 13329 SW 59 TERR MIAMI FL 33183				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL			
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	[] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PADILLA, MAXIMO			1.1 TITLE	[] Change [] Addition
STREET ADDRESS	13329 SW 59 TERR			1.2 NAME	
CITY-STATE-ZIP	MIAMI FL 33183			1.3 STREET ADDRESS	
TITLE	VD	[] DELETE		1.4 CITY-STATE-ZIP	
NAME	PADILLA, ISABEL			2.1 TITLE	[] Change [] Addition
STREET ADDRESS	13329 SW 59 TERR			2.2 NAME	
CITY-STATE-ZIP	MIAMI FL 33183			2.3 STREET ADDRESS	
TITLE		[] DELETE		2.4 CITY-STATE-ZIP	
NAME				3.1 TITLE	[] Change [] Addition
STREET ADDRESS				3.2 NAME	
CITY-STATE-ZIP				3.3 STREET ADDRESS	
TITLE		[] DELETE		3.4 CITY-STATE-ZIP	
NAME				4.1 TITLE	[] Change [] Addition
STREET ADDRESS				4.2 NAME	
CITY-STATE-ZIP				4.3 STREET ADDRESS	
TITLE		[] DELETE		4.4 CITY-STATE-ZIP	
NAME				5.1 TITLE	[] Change [] Addition
STREET ADDRESS				5.2 NAME	
CITY-STATE-ZIP				5.3 STREET ADDRESS	
TITLE		[] DELETE		5.4 CITY-STATE-ZIP	
NAME				6.1 TITLE	[] Change [] Addition
STREET ADDRESS				6.2 NAME	
CITY-STATE-ZIP				6.3 STREET ADDRESS	
TITLE				6.4 CITY-STATE-ZIP	

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 included 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 (305) 380-0616

Date

Daytime Phone #

0247928

CR2E034 (9/96)