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

Block 12 or Block 13 if changed, or on an

Jul 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 P93000039538 (2) DOCUMENT # 1. Corporation Name 1440 IMPORTS, INC. Principal Place of Business Mailing Address P O BOX 370630 4242 NE 2ND AVENUE MIAMI FL 33137 MIAMI FL 33137-0630 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 65-0419406 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNITED CORPORATE SERVICES INC 4801 **nö**rtheast 1677H street 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 **B3 NORTH MIAMI BEACH FL 33162** 84 City 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 (NOTF: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 15481 Sw. TERRAC VASQUEZ, AMALIA A NAME 2 NAME MIAM? FC 1.3 STREET ADDRESS STREET ADDRESS -0630 1.4 CITY - ST - ZIP CITY-ST-ZIP 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS NAME STREET ADDRESS 3*137-06*30 GLAVE: CITY-ST-ZIP 2. 4 CITY-ST-ZIP L_ DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$T - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DILETE Change Addition TITLE 6.1 HHE 200002578622 -07/02/98--01014--042 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 arround 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 repairing or trusteed impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an afficiency with National Address.

address