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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072832

1. Corporation Name
LE PIERRE IMPORT & EXPORT, INC.



Principal Place of Business Mailing Address
~~3006 NW 72 AVE~~ 3004 NW 72 AV ~~3006 NW 72 AV~~ 3004 NW 72 AV
MIAMI FL 33122 MIAMI FL 33122
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1993
4. FEI Number 65-0443010 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 3004 NW 72 AVE 26 3004 NW 72 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 City & State Miami, Florida 27 City & State Miami, Florida
24 Zip 33122 25 Country 29 Zip 33122 30 Country

9. Name and Address of Current Registered Agent
HACHAR, ANTONIO
~~3006 NW 72 AVE~~
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3004 NW 72 AVENUE
83
84 City Miami FL 85 Zip Code 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]* DATE JANUARY 6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME SD HACHAR, J F
STREET ADDRESS 3006 NW 72 AVE
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME VPD HACHAR, ANTONIO
STREET ADDRESS 3006 NW 72 AV
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME DP HACHAR, PIERRE
STREET ADDRESS 3006 NW 72ND AVE
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: *[Signature]* 1-6-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)