## 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

## DOCUMENT # P93000076066 (8)

EFA UNITED IMPORT & EXPORT, INC.

Mailing Address Principal Place of Business

## **FILED** May 05 1997 8:00am Secretary of State



3180 S.W. 1181 MIAMI FL 3326		3160 S.W. 1 Miami Fl 3	18TH COURT 3175-2340	Ī							
							Date Incorporated or Qualified 11/03/1993		te of La 01/19	st Report	
	lace of Business	<b>├</b> ¬	2a. Mailing Address				4. FEI Number	-1	L	Applied For	
21	4	26	4 46			··	65-0445562			Not Applicabl	
Suito, Apt. #, etc.		}n	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & 5					Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be			
7ip <b>24</b>	Country 25	Zip 29		Coun 30	itry	·		Yes [	No	lers 199.032,	
201	9. Name and Address of Curr	ent Registered Ag	jent		B1	Name	10. Name and Address of New Re	glatered /	Agent		
GONZALEZ, FABIO 3160 S.W. 118TH COURT								<del></del>			
	MI FL 33265			1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
				Ī	83			·			
				1	84	City			85	Zip Code	
	10.72-007.0	00 007 4600	Fig. Class					FL		11 1-1	
office or re	egistered agent, or both, in the Sta	te of Florida, Such	change was	authorized	by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep				
	m familiar with, and accept the obli	gations of, Section	1 607.0505, F	-lorida Statu	ites	3.					
SIGNATURE	Signature, typical or protect came of registered a	gent and tile flapp cable	e (NC	TE Registered	Age	nt signature requir	red when reinstating)	DATE			
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC		
1716	PD		DELETE	1 1 7171	Lŧ				Cha	nge 🔲 Additio	
NAME	GONZALEZ, FABIO			1.2 NAA	Mέ						
STREET ADDRESS	3160 S.W. 118TH COURT					ADDRESS					
CHY-ST ZIP	MIAMI FL 33265		DELETE	1.4 CITY		T-ZIP			☐ Cha	nge 🔲 Additio	
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CITY ST-ZIP				2.4017		1					
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NAME				3.2 NAM	ME	İ					
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CHY-ST-240				3.4. CIT		ST- ZIP					
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NAME				4. 2 NAJ							
STREET ADDRESS						ADDRESS					
City - St - ZiP Title			DELETE	4.4 CITY 5.1 TITL	_	I-ZIP			Cha	nge Additio	
NAM <sub>E</sub>		'		5.2 NAA		1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS						ADDRESS					
City-ST-7				54 CAT		ŀ					
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NAME				6.2 NAM						· ·	
STREET ALLORESS						ADDRESS					
CHY-S*-Z#				6.4 CITY							

14. Too 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 arrived 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 convoration 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 Bloc

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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