

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079713 (2)

1. Corporation Name

MCE IMPORT-EXPORT INVESTMENT CORP.



Principal Place of Business

3900 N.W. 79TH AVE.
SUITE 559
MIAMI FL 33166

Mailing Address

3900 N.W. 79TH AVE.
SUITE 559
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CENZANO, JAIME
3900 N.W. 79TH AVE.
SUITE 559
MIAMI FL 33166

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETED
NAME	CENZANO, JAIME	
STREET ADDRESS	3900 N.W. 79TH AVE., SUITE 559	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	S	☐ DELETED
NAME	CENZANO, CESAR A	
STREET ADDRESS	3900 N.W. 79TH AVE., SUITE 559	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE	D	☐ DELETED
NAME	CENZANO, MATIAS	
STREET ADDRESS	3900 N.W. 79TH AVE., SUITE 559	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if added, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 (205) 470-2288
Date of Filing

CR2E034 (12/95)