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FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1	IS	\$225.	.00

**PROFIT**  CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # PS	300008	32686 (5	5)				
ama i	MPORT & EXPORT,	CORP.				1 30 CO 10 CO 3 CO 3 CO 10 CO 3 CO		6181 (6118 BH) (88)
Principal Place	of Business	Maili	ng Address					THE TRICK WHAT FOR
BO S.W. 8TH STREET BO S.W. 8TH STREET SUITE 1890 SUITE 1890 MIAMI FL 33130-3047 MIAMI FL 33130-3047					Date Incorporated or Qualified	3a. Date of Last Re	anort I	
US		'	U\$			12/02/1993	04/03/19	
2. Principal Pla			Mailing Address	C	T >	4. FEI Number	<b>├</b>	Applied For
21 80 S Suite, Apt. #	W 8th STRE		<u> </u>	Str :	recei	65-0452659		Not Applicable  Additional
22 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		27				5. Certificate of Status Desired	1	Required
City & State	. (1	}n	City & State	CL		Election Campaign Financing     Trust Fund Contribution	1 1	May Be
23 MIAI	Country		MIAMI,	Country		8. This corporation has liability for in	ntangible tax under s	
24] 331	30 25 US		33130	30 <i>U</i>	SA	Florida Statutes Yes		
	9. Name and Address	of Current Registe	red Agent	81	Name	10. Name and Address of New Re	gistered Agent	
ADCE	MARCO					ress (P.O. Box Number is Not Acceptable		
	NOTICO 1. 8TH STREET			82		ress (P.O. Box Number is Not Acceptable		
SUITE				83				
MIAMI	FL 33130			84	City		FL 85 Zg	p Code
11. Pursuant to	n the provisions of Sections	607.0502 and 607.	1508. Florida Statute	s, the above-	named corpo	ration submits this statement for the purp	ose of changing its r	registered office
or registere	ed agent, or both, in the Sta h, and accept the obligation	te of Florida. Such d	change was authorize	d by the corp	oration's boa	and of directors. Thereby accept the appo	intment as registered	i agent. I am
SIGNATURE 1_								
12.	Signature, typed or printed name of reg OF Fit	pistered agont and title if app CERS AND DIRECT		E: Registered Age	int signature require	o when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	DRS IN 12
TITLE	PSD	OETIO / WILD ON IEO T	DELETE	1. 1 TITLE			☐ Change	☐ Addition
NAME	ARCE, MARCO			1.2 NAME				
STREET ADDRESS	999 S. BAY SHORE	DRIVE, #1108		1.3 STREE	T ADDRESS			
CITY+ST-ZIP	MIAMI FL		F7 551515	1.4 CITY-			☐ Change	Addition
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NAME STREET ADDRESS	ARCE, RODR	HORE DRIV	JE, #1108		I ADDRESS			
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NAME				3 2 NAME				ļ
STREET ADDRESS				33 STREI	ET ADDRESS			
CITY-ST-7IP			C) Pricts	3 4 CITY -			☐ Change	Addition
1iTuF			DEFEIE	4. 1 TITLE	i			[_] Addition
NAME				4.2 NAME	T ADDRESS	20000175 -04/25/96010	13632	
STREE! ADDRESS				4.5 STALL		***200.00	11 021	
CHY-ST-ZIP TITUE			DELETE	5 1 THLE			Change	☐ Addition
NAME				5 2 NAME				
STREET ADDRESS				5 3 STREE	T ADDRESS			
CITY - ST - ZIP				54 CITY-	ST-ZIP			
TITLE			☐ DELETE	6 1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP	L			6 4 CITY-	ST-ZIP	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	OZIONA FIELDE OLA	too I further

14. I do nereby 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 cath; 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 attactment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINT F SIGNING OFFICER OR DIRECTOR (305) 577-8440

CR2E034 (12/95)