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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085540 (1)

KARINCORP EXIM USA INC.

FILED May 08 1998 8:00am Secretary of State

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Principal Plac	ce of Busines	SS	Mailing Ad	dress				i ta bisan sin ining kutu abili natit	8 8 14 1 W W W W W W W W	184 BILDS BLISS A	II MAT MATERIA	
115 SE 3RD AVE 115 SE 3RD AVE					·							
STE 142 MAMI FL 33	131-2003		STE 142 Miami Fl :	33131-2003				DO NOT WRITE IN THIS SPACE				
US			US				Ì	3. Date Incorporated or Qualified	d			
								12/15/1993				
2. Principal f	Place of Busi	ness	2a. Mailing	Address				4. FEI Number			Applied For	
21			26					65-0470179		<u></u>	Not Applicable	
Suite, Apt	#, etc.		Suite, A	pt. #, etc.				5. Certificate of Status Desired	726		Additional	
22			27					G. Commodition States Desired		Fee	Required	
City & Sta	te		City & S	State			ľ	6. Election Campaign Financing		\$5.0	O May Be	
23		I commen	26					Trust Fund Contribution			d to Fees	
Zip		Country	Zip		Countr	У		8. This corporation owes or has				
24	o Neme	25	29 urrent Registered Ag		30			Personal Property Tax due Ju 10. Name and Address of New I		L Yes	IX No	
-	JLLELL. VIV		OTTOTAL PROPERTY AND	, or it	81	l Name		10. Name and Address of New I	1001210100	Mgont	-	
	5 SE 1 STF											
	5 SE 1 S1r MTE 222	VEC I			82	Stree	et Addres	s (P.O. Box Number is Not Accept	able)			
	ліс <i>222</i> AMI FL 331	21.1004			83							
MIN	MMI FL 33 I	31.1804				1					i	
					84	City			FI	85 Zip	Code	
11. Pursuant	to the provis	sions of Sections 607	7.0502 and 607.1508.	Florida Statute	s. the abov	l /e-name	nd corpor	ation submits this statement for the	DIKUMSE (of changing	its registered	
office or agent. I a	registered ag am familiar w	gent, or both, in the l ith, and accept the c	State of Florida, Such obligations of, Section	change was a 607.0505, Flo	uthorized b	y the co	orporation	n's board of directors. I hereby acc	ept the ap	pointment a	is registered	
SIGNATURE												
	Signature types		reif agent and title if applicable	(NOTE		ent signatu	ure required	when reinstating)	DATE			
12. TITLE	D	OFFICER	S AND DIRECTORS	DELETE	13.		1	ADDITIONS/CHANGES TO OFF	ICERS AN			
	1 -	L. VIVIAN	·	Deterie	1.1 TITLE			•		L Change	Addition	
NAME		IORCA AVENUE			1.2 NAME							
STREET ADDRESS		GABLES FL 3313	ı.A			T ADDRESS	\$					
CITY-ST-ZIP TITLE	D	CADLES FL 3313		DELETE	1.4 C/TY-	ST-ZIP		·		Change	Addition	
NAME		RG. DANIEL	L	Dittere	2.1 TITLE					L Change	L_] ADDITION	
STREET ADDRESS		IORCA AVENUE			2.2 NAME		.					
		GABLES FL 3313	ı á			T ADDRESS	`				İ	
CITY-ST-ZIP	COIVE	CADELO I E 0010		DELETE	2. 4 CITY - 3.1 TITLE	SI-ZIP	- 	to the U.S.		Change	Addition	
NAME			L		3.2 NAME					- Suminge		
STREET ADDRESS						T ADDRESS	.				-	
CITY-ST-ZIP					3.4 CITY-		'				1	
TITLE	 			DELETE	4.1 TITLE	31-ZIF	+			Change	Addition	
NAME					4. 2 NAME					01-41/NO		
STREET ADDRESS						T ADDRESS					}	
CITY-ST-ZIP					4.4 CITY -		´					
TITLE	†			DELETE	5.1 TITLE	0 / - EII	+			☐ Change	☐ Addition	
NAME			_		5.2 NAME		i				_	
STREET ADDRESS						T ADDRESS	, l					
CITY-ST-ZIP					5.4 City -:]	
TITLE	<u> </u>			DELETE	6.1 TITLE	U. E.	1			Change	Addition	
NAME			•		6.2 NAME		i				_	
STREET ADDRESS						T ADDRESS	<u>.</u>					
CITY-ST-ZIP]				64 CITY							

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 supplimental 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 of 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 in an attachment with an address.

SIGNATURE: