SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 28 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 P93000086210 (0) DOCUMENT # S & T IMPORT AND EXPORT INC. Principal Place of Business Mailing Address 16469 BRIDLEWOOD CIR 16468 BRIDLEWOOD CIR DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 12/16/1993 .08/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0460756 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 LANDA, MARTIN 848 BRICKELL AVE., 610 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City 85 Ziri Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE TERUZ, ROGERIO 1.2 NAME 16468 BRIDLEWOOD CIR STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 11116 TERUZ, CHRISTINA NAME 2.2 NAME 16468 BRIDLEWOOD CIR 2.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4,1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME **5.2 NAME**

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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.

6.1 THEE

62 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-S1-ZIP

6.3 STREET ADDRESS

Addition

Change

philipping in the collision in

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME