## 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

=	MENT # P94000 EXPORT, INC,	010044 (3)			
Principal Place of Business 133 SEVILLA AVE OORAL GABLES FL 33134		Mailing Address 3079 NE 163 ST N. MIAMI BEACH FL 33160-4424 US			11) 80:06 AIR IR DOINI 60()) VIANI 0181 100)
		**		<ol> <li>Date Incorporated or Qualified 02/08/1994</li> </ol>	3a. Date of Last Report 06/17/1996
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 292 Suite, Apt.	5_Aventura_Blvd	Suite, Ant. #, etc.		65-0468524	Not Applicable  \$8.75 Additional
22 Sui	te 308	27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ave	ntura, Florida	[28] Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24 331	<u> </u>	29	30	Florida Statutes	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	EN, LAWRENCE N				
	<del>SEVILLA INVE</del> LAL:: GARLES FL::BOTOF		82 Street Add	ress (P.O. Box Number is Not Accepte <b>2925_Aventura_B</b> .	
• • • • • • • • • • • • • • • • • • • •			83		£ 1 - 20
			84 City	Suite 308	85 Zip Code
11. Pursuant	In the provisions of Sections 607 0502	and 607 1508 Florida Statut	es the above tracted con	Aventura poration submits this statement for the dion's board of directors. I hereby according	PL 33180
Office or r	egistered agent, or both, in the State	of Florida. Such change was a tions of Section 607,0505. Etc.	authorized by the corpora orida Statutes	tion's board of directors. I hereby acce	ept the appointment as registered
SIGNATURE	(LRosen)			Δ.*	cpil 28, 1997
	Signature, typed or printed name of registered age: OFFICERS AND		E Registered Agent signature requ	1 OU AMOUNT TO ISSUING	Entit
12.	DITIOERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	BEDA, DAVID	_	1.2 NAME		
STREET ADDRESS	3079 NE 163 ST		4.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	N. MIAMI BEACH FL 33160	DELETE	1.4 CHY- S1-7IP		Change Addition
NAME		LJ DELETE	2.1 117LE 2.2 NAME		Change (1) Addition
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2 4 C/TY+S1+ZIP		
TITLE		∐ DELETE	317171.6		Change Addition
NAME CYCLET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-7IP 5.1 TITLE		Change Addition
NAME		Д ини	5.2 NAME		C osange C Managhi
STREET ADDRESS			5.3 STREET ADDRESS	·	
CITY-ST-ZIP			5.4 CITY+ST-ZIP	<u> </u>	1
TITLE		DELETE	6.17111.6		Change Addition
NAME CYPET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	ı	
14. I do heret	y certify that the information supplied	with this filing does not quali	ly for the exemption state	d in Section 119.07(3)(i), Florida Statut	tes. I further certify that the
I am an o	n indicated on this annual report or si flicer or director of the corporation or n Block 12 or Block 13 if changed or	the receiver or trusted empoy	vered to execute this repo	it my signature shall have the same leg irt as required by Chapter 607, Florida	jal effect as if made under eath; that Statutes; and that my name

President

4/28/97

**FILED** 

May 12 1997 8:00am

Secretary of State