

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Meytham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012220 (7)**  
 1. Corporation Name  
**FAVERSANI IMPORT-EXPORT, INC.**



Principal Place of Business <b>9371 FONTAINEBLEAU BLVD. #1-225 MIAMI FL 33172</b>	Mailing Address <b>8357 W FLAGLER ST #119 MIAMI FL 33144-2072 US</b>
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3. Date Incorporated or Qualified <b>02/10/1994</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>65-0476132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>8357 W FLAGLER ST.</b>	2a. Mailing Address <b>8357 W FLAGLER ST</b>
22. Suite, Apt # etc. <b># 119</b>	27. Suite, Apt #, etc. <b># 119</b>
23. City & State <b>MIAMI FL</b>	28. City & State <b>MIAMI FL</b>
24. Zip <b>33144</b>	29. Zip <b>33144</b>
25. Country	30. Country

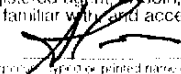
**9. Name and Address of Current Registered Agent**

**FAVERSANI, ALCIR P  
9371 FOUNTAINEBLEAU BLVD  
SUITE 1-225  
MIAMI FL 33172**

**10. Name and Address of New Registered Agent**

81. Name <b>ALCIR PAULO FAVERSANI</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>8357 W FLAGLER ST #119</b>
83. City <b>MIAMI</b>
84. State <b>FL</b>
85. Zip Code <b>33144</b>

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, wholly, 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:  DATE: **FEB 7/97**

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FAVERSANI, A P</b>	
STREET ADDRESS <b>9371 FONTAINEBLEAU BLVD. #1225</b>	
CITY- ST- ZIP <b>MIAMI FL 33172</b>	
TITLE <b>FAVERSANI, A P</b>	<input type="checkbox"/> DELETE
NAME <b>FAVERSANI, A P</b>	
STREET ADDRESS <b>8357 W FLAGLER ST #119</b>	
CITY- ST- ZIP <b>MIAMI FL 33144</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 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.

SIGNATURE:  DATE: **FEB 7/1997 (305)436-9979**

CR2E034 (9/96)