

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000026286

1. Corporation Name

C & M EXPORT - IMPORT, CORP.
1551 S.W. 87 WAY
PEMBROKE PINES, FL 33025

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

4/6/94

3a. Date of Last Report

5/1/95

2. Principal Place of Business

2a. Mailing Address

21 1551 S.W. 87 WAY

26 1551 S.W. 87 WAY

4. FEI Number

65-0483116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FL

Zip

Country

Zip

Country

24 33025

25 USA

29 33025

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVEIRA, JOSE R.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1551 S.W. 87 WAY

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33025

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D/S/ ☐ DELETE
NAME OLIVEIRA, JOSE R.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME WADHY REBEHY, CESAR
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME WADHY REBEHY, MAGALI CURY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1551 S.W. 87 WAY
14 CITY-ST-ZIP PEMBROKE PINES, FL 33025

2 1 TITLE ☐ Change ☒ Addition
22 NAME VP
23 STREET ADDRESS OLIVEIRA, APARECIDA T.
24 CITY-ST-ZIP 1551 S.W. 87 WAY
PEMBROKE PINES, FL 33025

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. OLIVERIRA

President

Date

4/26/96

Daytime Phone # (305) 433-2615

CR2E034 (12/95)