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

DOCUMENT # P94000039787 (4)

CG MIAMI EXPORT INC.

FILED Feb 17 1997 8:00am Secretary of State



Principal Place of Business		Ma	Mailing Address				r iddilitäti tia idilitäti jäälli suuti dävit dävit siitit i	- I NOBITUDE TIO SOLIT BIETL BOILL BOLL BOLL BOLD 19419 18455 1860 JOTIN SOLI 1864		
7461 WEST 29TH LANE HIALEAH GARDENS FL 33016			7481 WEST 29TH LANE HIALEAH GARDENS FL 33018-5359							
							3. Date incorporated or Qualified	Last Report		
2. Principal Pi 21	lace of Business	2a. 26	Mailing Address 7054 NV	υ 7	77	<u>e</u> +	4. FEI Number	Applied For Not Applicable		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			ZOA	<u> </u>	8.75 Additional Fee Regulred		
City & State	D	28	City & State 33166	······································			6. Election Campaign Financing	5.00 May Be Added to Fees		
Zip	Country		Zip		ountry 24		8. This corporation has liability for intangible tax Florida Statutes X yes \(\sqrt{N} \)	under s. 199.032,		
24	25 25 Name and Address of Cur	29 rent Regis	tered Agent	130	1	<u> </u>	10. Name and Address of New Registered Age			
OI IT	IERREZ, CAMILO E		10.00 119011		81	Name				
7461 WEST 29TH LANE HIALEAH GARDENS FL 33016					82 Street Address (P.O. Box Number is Not Acceptable)					
					83	<u> </u>	<u> </u>			
					84	City	FL ⁸⁴	Zip Code		
11 Directori	to the groupsings of Sections 607.	1502 and 6	07 1508 Florida Statu	dor the	ahov	e-pamed		naina ite registered		
agent La	rn farm har with, and accept the ob-						d corporation submits this statement for the purpose of charporation's board of directors. I hereby accept the appointr			
12.	OFFICERS			1			ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12		
TITLE	D		DELETE	1.1	1 TITLE		D M	Change Additio		
NAME	GUTIERREZ, CAMILO E			,1.3	2 NAME		Gutierrez CAMILO E			
STREET ADDRESS	7461 WEST 29TH LANE			1.3	3 STREET	ADDRESS				
CITY - ST - ZIP	HIALEAH GARDENS FL 330	16		1,	4 CITY-S	ST-ZIP	Hiami FL 83166			
TITLE			☐ DELETE	2.	1 TITLE			Change		
NAME				2.3	2 NAME					
STREET ADDRESS				2:	3 STREET	ADDRESS				
CITY+S1-ZIP				2	4 CITY-	ST-ZIP				
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NAME				3	2 NAME					
STREET ADDRESS				3.3	3 STREET	T ADDRESS	•			
CITY-ST-7P				_	4. CITY -	ST-ZIP				
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NAME				4.	2 NAME					
STREET ADDRESS						T ADDRESS	·			
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NAME				- 1	2 NAME					
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NAME					2 NAME					
STREET ADDRESS						T ADORESS	5			
CITY - ST - ZIP	<u> </u>			6.	4 CiTY-	ST-ZIP				

14. I do hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agruer report or supplemental amount 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 componation or the regeiver 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 y changed, or on an attachment with an address.

SIGNATURE: