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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000039787 (4)

CG MIAMI EXPORT INC.

24

Principal Place of Business Mailino Address 7461 WEST 29TH LANE 7054 NW 77 CT HIALEAH GARDENS FL 33016 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1994 4. FEI Number 2. Principal Place of Business 2a. Marling Address 21 26 65-0494055 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible

30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUTIERREZ, CAMILO E 7461 WEST 29TH LANE Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33016 83 84 City Zip Code 85

office or registe ed agent, or both, in agent. I am la niliar

and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered approaches 507.0505, Florida Statutes. 11. Pursuant to the p SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 THUE **GUTIERREZ, CAMILO E** NAME 1.2 NAME 7054 NW 77 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CHY-S1-7P CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CHY-S1-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STHEET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplied ental 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 corporatiop or this receiver it trusted 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.

CAMILO E. GUTIERREZ PRES.

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

**FILED** 

Apr 06 1998 8:00am

Secretary of State