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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000044903**

1. Corporation Name

THUNDER IMPORT & EXPORT, INC.

Principal Place	e of Business	Mailing Address			
69 25 NW 5167 MIAMI FL 33166	4 100	6925 NW 51ST ST 300 MIAMI FL 33166 #15	Bayview &	DO NOT WRITE IN THIS SP.	4CE
	39719	2 34449 4	3/4, 51,00	3. Date Incorporated or Qualifed	,
	•	•		06/15/1994	
2. Principal Pl	lace of Business	2a. Mailing Address	. 3	4. FEI Number	Applied For
21 300	Doyyiew Ur	26 300 By/Y	iew dr	65-0496865	Not Applicable
Suite, Apt.	#, etc. / <b>5 2 3</b>	Suite, Apt. #, etc 503		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	nt Isles Fl	City & State	sky. Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country [25]	Zip 29 <b>33/6</b> 0 30	Country	Torona (Topoli) Tax	Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	<u>nt</u>
O. 41	UDIA CADDONIA		81 Name	CAYDIA CARDONE	
CLAUDIA CARDONA				ddress (P.O. Box Number is Not Acceptable)	
	NW 51ST ST				•
MAIM	VII FL 33166		83 300	Boyview Dr # 150	න
٠			84 City		25 Zip Code 33/60
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointment	nging its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	norized by the corpor	ation's board of directors. I hereby accept the appointment	ent as registered
		er conce	a Gialdies.	04-09	7- <i>99</i>
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature req		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	P	☐ DELETE	1.1 TITLE	· /-	Change
NAME	NIETO, ALBERTO J		1.2 NAME	NIETO, ACBERTO	503
STREET ADORESS	9312 SW 157TH AVE		1.3 STREET ADDRESS	300 007 11 71	
CITY-ST-ZIP	MIAMI FL 33916		1.4 CITY-ST-ZIP		3/60
TITLE	VP	☐ DELETE	2.1 TITLE		Change .
NAME	CARDONA, CLAUDIA		2.2 NAME	CARDONA CLAUDIA	60 2
STREET ADDRESS	9312 SW 157TH AVE		2.3 STREET ADDRESS	300 Buy view or #	603
CITY-ST-ZIP	MIAMI-FL 33196		2. 4 CITY-ST-ZIP	Sunal Isles, Fl 3	5/60
TITLE	- 124	☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		_
STREET ADDRESS		ا ساست	3.3 STREET ADDRESS	and the second s	<del></del>
CITY-ST-ZIP	- • • -		3.4. CITY-ST-ZIP	·	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		•	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CiTY-ST-ZiP		
TITLE		☐ DELETE	5.1 TITLE	-	Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

☐ Change

☐ Addition