

**CORPORATION -
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name **SAEX Export, Inc** DOCUMENT # **P94000050060**

Mailing Address Principal Place of Business
**1821 SW 99 AVE
Miami, Florida 33165**

100001476641
-05/05/95--01006--002
DO NOT WRITE IN THIS SPACE ***309.88 ***200.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		3a. Date of Last Report	
21		26		650-50-3576		7/8/94	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23 City & State		28 City & State		8.75 Additional Fee Required ☐		☐	
24 Zip		29 Zip		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICOLAS A SALAZAR 1821 SW 99 AVE Miami, FL 33165				81 Name NICOLAS A. SALAZAR			
				82 Street Address (P.O. Box Number is Not Acceptable) 1821 SW 99 AVE			
				83			
				84 City Miami FL 85 Zip 33165			

11. Pursuant to the provisions of Sections 607.0502 and 607.1908 or Sections 617.0502 and 617.1508, 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, am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE **[Signature]** DATE **4/26/95**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.1 TITLE			
1.2 NAME				P/S NICOLAS A. SALAZAR			
1.3 STREET ADDRESS				1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP 1821 S.W. 99 AVE			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP Miami, FL 33165			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				6.4 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 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE **4/26/95** 32V. 899023