

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

FILED

Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052187 (9)

1. Corporation Name

DISET IMPORT-EXPORT CORPORATION

Principal Place of Business

911 NW 209TH AVE  
UNIT 126  
PEMBROKE PINES FL 33029  
US

Mailing Address

P.O. BOX 822031  
PEMBROKE PINES FL 33082  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

65-0505184

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF MANFRED ROSENOW, P.A.  
2425 CORAL WAY  
MIAMI FL 33145

81 Name

Orlando Arrom

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

10556 NW 26th Street., Ste. 203

83

84 City

Miami

FL

85 Zip Code  
33172

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME HERAZO, JOSE  
STREET ADDRESS 400 N.W. 186TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VSD ☐ DELETE

NAME HERAZO, MARILYN  
STREET ADDRESS 400 N.W. 186TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME Herazo, Jose  
1.3 STREET ADDRESS 564 NW 163 Avenue  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME Herazo, Marilyn  
2.3 STREET ADDRESS 564 NW 163 Avenue  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33028

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

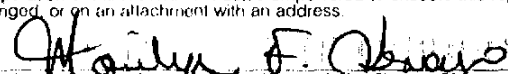
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark 30, 1998

Date

Daytime Phone #

0168070

CR2E034 (10/97)