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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

D04000064207 (7)

DOCUMENT # 1. Corporation Name	P94000064327	(7)
IMPORT/EXPORT WORLD, INC.		

Mailing Address Principal Place of Business 13876 S.W. 56TH ST. 13876 S.W. 56TH ST. SUITE 163 SUITE 163 MISAMI FL 33175 MISAMI FL 33175 3a. Date of Last Report 3. Date Incorporated or Qualified 08/31/1994 06/12/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0519135 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s 199.032, Country Zio Zip Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ZAFRA, LUIS A Street Address (P.O. Box Number is Not Acceptable) 13876 S.W. 56TH ST. 83 **SUITE 163 MIAMI FL 33175** Zip Code 85 med corporation submits this statement for the purpose of changing its registered office ration's baard of gregions. I hereby accept the appointment as registered agent. I am 11. Pursuant to the provisions of Sections 697 0502 and 607.1508. Florida Statutes, the above or registered agent, or both on the State of Florida. Such change was authorized by the hope Such change was authorized by the 507,0505, Florida Statutes. familiar with, and accept SIGNATURE 2 and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. 1 71TLE TITLE ZAFRA, LUIS NAME 13876 SW 56 STREET STE. 163 1.3 STREFT ADDRESS STREET ADDRESS MIAMI FL 33175-6 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2. 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 DITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE PITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6 1 THTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP CITY-SE-7IP

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 119.07(3)(k). 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 eath; that I am an officer or director of the Organization or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

ME OF SIGNING OFFICER OR DIRECT

SIGNATURE

4/29/96

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