

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067544 (4)**

1. Corporation Name

LED IMPORT AND EXPORT, INC.

Principal Place of Business

**5533 S ORANGE BLOSSOM TRAIL
SUITE 1A
ORLANDO FL 32839**

Mailing Address

**5533 S ORANGE BLOSSOM TRAIL
SUITE 1A
ORLANDO FL 32839**



3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1334346 59-3273788

Applied For

Not Applicable

5. 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MAIS, JOSE M
5850 LAKEHURST DR
SUITE 205
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of individual or principal officer of corporation or director of corporation

Signature of Registered Agent (required when new change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

MAIA, JOSE M

STREET ADDRESS

5850 LAKEHURST DR SUITE 205

CITY- ST- ZIP

ORLANDO FL

TITLE

NAME

☐ DELETE

STREET ADDRESS

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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: *Jose Marcondes mais* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 (407) 248-0025

Date

Daytime Phone #

CR2E034 (12/95)