

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000067544**
1. Corporation Name
LED IMPORT AND EXPORT INC.

Principal Place of Business

Mailing Address

**5850 LAKEHURST DR.
STE. 150-10
ORLANDO FL
32819**

**5850 LAKEHURST DR
STE 150-10
ORLANDO FL
32819**

2. Principal Place of Business

2a. Mailing Address

21 **5850 LAKEHURST DR**

26

22 **150-10**

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23 **ORLANDO FL**

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24 **32819**

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3. Date Incorporated or Qualified

3a. Date of Last Report

09/14/94

4. FEI Number

Applied For

59-3273788

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSE M. MAIA
5850 LAKEHURST DR STE 150-10
ORLANDO FL. 32819**

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

(Type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PRESIDENT
JOSE MAIA
5850 LAKEHURST DR STE 150-10
ORLANDO FL. 32819**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-30-97

CR2E034 (9/96)

**200002189322
-05/23/97--01009--024
***165.00**