

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

**FILED**  
**Apr 15 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 # P94000068797 (7)**

1. Corporation Name  
**R.P.L. IMPORT & EXPORT INC.**



Principal Place of Business  
**6365 W 27TH CT SUITE 101 HIALEAH FL 33016**

Mailing Address  
**6365 W 27TH CT SUITE 101 HIALEAH FL 33016-4327**

3. Date Incorporated or Qualified  
**09/19/1994**

3a. Date of Last Report  
**06/27/1996**

4. FEI Number  
**65-0520859**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
**CORDON, ANA P  
 6365 W 27TH CT SUITE 101  
 HIALEAH FL 33016**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHA, SERGIO	1.2 NAME	
STREET ADDRESS	6365 W 27TH CT SUITE 101	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	1.4 CITY - ST - ZIP	
TITLE	DVT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, LUIZ A G	2.2 NAME	
STREET ADDRESS	6365 W 27TH CT SUITE 101	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	2.4 CITY - ST - ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIXAO, ROBERTO	3.2 NAME	
STREET ADDRESS	6365 W 27TH CT SUITE 101	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	3.4 CITY - ST - ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDON, ANA P	4.2 NAME	
STREET ADDRESS	6365 W 27TH CT SUITE 101	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:** \_\_\_\_\_ **3-11-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)