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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P94000070845 (0)

WESTON EXPORT IMPORT INC.

Principal Place of Business

The state of the s

Mailing Address

\$180 S OCEAN DR APT 307

3180 S OCEAN DR APT 307

FILED Apr 29 1998 8:00am Secretary of State



HALLANDALE FL 33009		HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualified 09/23/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
អ		26			65-0530964	Not Applicable
Suite, Apt. #, stc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 7ip		Coun	try	8. This corporation owes or has paid the curre	en Vear Intangible
24	25	29	30			Yes No
4	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered A	gent
DE	CARIA, HUMBERTO		8	Name		
3180 S OCEAN DR APT 307			-	Street /	Address (P.O. Box Number is Not Acceptable)	***
	LLANDALE FL 33009		`	Street /	Address (F.O. Box Number is Not Acceptable)	
1 197	CONTRACT L COOLS		3	33		
			Ē	14 City	FI	85 Zip Code
		0	laa ibo ob		corporation submits this statement for the purpose of	changing its registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	authorized.	hy the corr	poration's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable (NOT	f Registered	Agent signature	required when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITL	E	·	Change Addition
NAME	DECARIA, HUMBERTO		1.2 NAN	1E		
STREET ADDRESS	3180 S OCEAN DR APT 307		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 C(f)	-ST-ZIP		
TITLE		☐ DELETE	21 TITL	E		☐ Change ☐ Addition
NAME			2.2 NAN	1E		
STREET ADDRESS			2.3 STR	eft aodress		
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	·ii	
TITLE		☐ DELETE	3.1 TITU	E		Change Addition
NAME			3.2 NAN	1E		
STREET ADDRESS			3.3 STR	EFT ADDRESS		
CITY+ST-ZIP				Y-ST-ZIP		T Address
TITLE		☐ DELETE	4.1 TITL		<u>'</u>	Change Addition
NAME			4. 2 NAI			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		T nevere		·ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 1110			m cuande m voortou
NAME			5.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		r-ST-ZIP		Change Addition
TITLE		(DELETE	6.1 TITL			CT OHOURE CT MAINTINH
NAME	3.4		6.2 NAN			
STREET ADDRESS	₹		■ 6.3 STR	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oain; that I am a 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.

11. 22 98 954. 458.5147