

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

APPROVED AND FILED

95 JUL -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1995 7-595 B-7653 - C
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Myrburn
 Secretary of State

DOCUMENT # P94000070848 (4)
 1. Corporation Name
EX-IMPORT 2000, INC.

Principal Place of Business: **6411 SW 145 STREET MIAMI FL 33158**
 Mailing Address: **6411 SW 145 STREET MIAMI FL 33158**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report N/A
21	25	4. FEI Number 65-0534426		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. This corporation is a foreign corporation <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	29	7. This corporation has failed to comply with the provisions of Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JIMENEZ, CARLOS 6411 SW 145 STREET MIAMI FL 33158				01	Name		
				02	Mailing Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

11. Pursuant to the provisions of Sections 607.0605 and 607.1908, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	President Carlos A. Jimenez 6411 SW. 145 ST Miami, FL 33158	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
OFFICE ADDRESS		OFFICE ADDRESS	
CITY	Miami, FL 33158	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	Vice-President Jose G. Jimenez 6411 SW. 145 ST. Miami, FL 33158	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
OFFICE ADDRESS		OFFICE ADDRESS	
CITY	Miami, FL 33158	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
OFFICE ADDRESS		OFFICE ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
OFFICE ADDRESS		OFFICE ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Action

14. I hereby certify that the information supplied with this form is voluntarily furnished and that it is true and correct for the information stated in law for 1995 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 my name were that of an officer or director of the corporation or the officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block (2) or Block (3) of the report or supplemental report with my address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6/28/95 305-259-2770

CR2E034 (3/95)