09201999-90006-033-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 05/01/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 21 PM 1:29

DOCUMENT # P94000075884

1. Corporation Name
A.W.U. IMPORT/EXPORT, INC.

Principal Place of Business	Mailing Address
1355 NW 93RD COURT SUITE A-106 MIAMI FL 33172 US	1355 NW 93RD COURT 1229 NW 170 AVE. SUITE A-106 MIAMI FL 33172 PEMBROKE PINES US FL. 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 1355 NW 93rd Court	26 1229 N.W 170TH Ave.	10/10/1994	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 A-106	27	65-0528147	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Miami FL	28 Pembroke Pines FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No	
24 33172 25 US	29 33028 30 U.S.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, MICHAEL W. S 1355 NW 93RD COURT 1229 NW 170 AVE SUITE A-106 PEMBROKE PINES FL. MIAMI FL 33172 33028. Mailing	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OP	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	BROWN, MICHAEL W		1.2 NAME		
STREET ADDRESS	1229 NW 170 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL - 33028		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	KERR, SHANALEE V		2.2 NAME		
STREET ADDRESS	1229 NW 170 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL - 33028		2.4 CITY-ST-ZIP		
TITLE	WALT W. SAUNDERS	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	1229 NW 170 AVE		3.2 NAME		
STREET ADDRESS	PEMBROKE PINES FL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	33028		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	10/10/27	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. I 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: SIGNATURE REQUIRED 09/10/99 305-599-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #