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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90078 040 ***150.00

DOCUMENT # P94000079718

1. Corporation Name

EXPORT AMERICAN SERVICES, INC.

Principal Place of Business

~~199 OCEAN LANE DRIVE~~
~~#906~~
KEY BISCAVNE FL 33149

Mailing Address

~~199 OCEAN LANE DRIVE~~
~~#906~~
KEY BISCAVNE FL 33149

2. Principal Place of Business

21 200 OCEAN LANE DR

Suite, Apt. #, etc.

22 #1002

City & State

23 KEY BISCAVNE FL

Zip

24 33149

Country

25 U.S.A

2a. Mailing Address

26 200 OCEAN LN DR

Suite, Apt. #, etc.

27 #1002

City & State

28 KEY BISCAVNE FL

Zip

29 33149

Country

30 U.S.A

9. Name and Address of Current Registered Agent

RAU, ELENA C

~~199 OCEAN LANE DRIVE~~

~~#906~~

KEY BISCAVNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 OCEAN LANE DRIVE #1002

83

84 City

KEY BISCAVNE

FL

85 Zip Code

33149

10. Name and Address of New Registered Agent

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME RAU, ELENA C

STREET ADDRESS ~~199 OCEAN LANE DRIVE #906~~

CITY-ST-ZIP ~~KEY BISCAVNE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 200 OCEAN LANE DR #1002

1.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 305-365-9102

CR2E034 (11/98)

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