

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080493 (7)**

1. Corporation Name
AN EXCELLENT EXPORT & IMPORT CORPORATION



Principal Place of Business
**600 N.W. SOUTH RIVER DRIVE
SUITE 601
MIAMI FL 33136**

Mailing Address
**600 N.W. SOUTH RIVER DRIVE
SUITE 601
MIAMI FL 33136**

3. Date Incorporated or Qualified: **11/02/1994**
3a. Date of Last Report: **09/25/1995**
4. FE Number: **NOT APPLICABLE**
5. Contribution 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 delinquent tax under s. 199.012, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21. **1111 Kane Concourse**
22. **502A**
23. **Bay Harbor Islands**
24. **33154**

2a. Mailing Address
26. **1111 Kane Concourse**
27. **502A**
28. **Bay Harbor Islands**
29. **33154**

9. Name and Address of Current Registered Agent

**CHAVEZ, CONSTANCE M
600 N.W. SOUTH RIVER DRIVE
SUITE 601
MIAMI FL 33136**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **1111 Kane Concourse Suite 502A**
83. City: **Bay Harbor Islands**
84. State: **FL**
85. Zip Code: **33154**

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above-named corporation hereby certifies the statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida Secretary of State requires, the corporation's board of directors, thereby accept the appointment as registered agent, I am familiar with and accept the obligation of Section 607.02(3), Florida Statutes.

SIGNATURE: *Constance M. Chavez*

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	CHAVEZ, CONSTANCE M	
STREET ADDRESS	600 N.W. SOUTH RIVER DRIVE	
CITY-STATE-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	1111 Kane Concourse Suite 502A
14. CITY-STATE-ZIP	Bay Harbor Islands FL 33154
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to this filing is true and correct, and does not conflict with the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual reports 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 trustee 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 in an attached statement with an address.

SIGNATURE: *Constance M. Chavez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIGNER OR

July 22, 1996

CR2E034 (12/95)