

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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000083662 (4)**

1. Corporation Name  
**C.R.A. EXPORT & IMPORT, INC.**



Principal Place of Business <b>11800 N.W. 100TH ROAD SUITE 5 MEDLEY FL 33178</b>	Mailing Address <b>11800 N.W. 100TH ROAD SUITE 5 MEDLEY FL 33178</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9990 SW 77 Ave.</b>		2a. Mailing Address <b>9990 SW 77 Ave.</b>		3. Date Incorporated or Qualified <b>11/16/1994</b>	
21. Suite, Apt. #, etc. <b>6204</b>		26. Suite, Apt. #, etc. <b>#204</b>		4. FEI Number <b>65-0550157</b>	
22. City & State <b>Miami, FL</b>		27. City & State <b>Miami, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33156</b>		28. Country <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>US</b>		29. Zip <b>33156</b>		30. Country <b>US</b>	

9. Name and Address of Current Registered Agent <b>ABREU, CARLOS R 12940 SW 64 LANE #305 MIAMI FL 33183</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
85. Zip Code				86. State	

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PST</b>	<b>ABREU, CARLOS R</b>	<b>12940 SW 64 LANE #305</b>				
		<b>MIAMI FL</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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 incorporator 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 attached statement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Daytime Phone # **0255497**

CR2E034 (10/97)