

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000091158 (3)**
1. Corporation Name

AROUND THE WORLD IMPORT & EXPORT INC.



Principal Place of Business

Mailing Address

**13380 S.W. 114TH LANE
MIAMI FL 33186**

**13380 S.W. 114TH LANE
MIAMI FL 33186**

3. Date Incorporated or Qualified
12/16/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **4210 N.W. 79 AV**

26 **P.O. Box 52-7668**

4. FEI Number

65-0545102

Applied For

Not Applicable

22 Suite, Apt. #, etc.

1H

27 Suite, Apt. #, etc.

MIAMI, FL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

MIAMI, FL

28 City & State

MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

33166

Country

US

29 Zip

33152

Country

U.S.

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIANA, FABIOLA
13380 S.W. 114TH LANE
MIAMI FL 33186**

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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE

NAME **TANDEVAKILI, LIGIA**
STREET ADDRESS **13380 S. W. 114TH LANE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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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 **V** ☐ Change ☒ Addition

1.2 NAME **ANTONIO CORTES**
1.3 STREET ADDRESS **4210 N.W. 79 AV #1H**
1.4 CITY - ST - ZIP **MIAMI, FL 33166**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Fabiola Triana Cortes** **Fabiola TRIANA CORTES - 4-15-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)