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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-07-1999 90120 006 ***150.00



MIAMI INTERNATIONAL EXPORT & IMPORT CORP.

289 NW 15TH STREET 7899 NW 15TH STREET 1899 NW 15TH STREET 1890 NW 15TH STREET								
MAMI FL 33126 MAMI FL 33126 MAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date incorporate of Qualified 01/09/1995 4. FEI Number Applied For 55-0549623 Not Applied For 55-0549623 See Rection Campaign Financial Park 55-05049623 See Rection Campaign Financial Park 55-05049623 See R	Principal Place of Business Mailing Address) (deline) ((B.1818) Etti esti esti esti s	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0549623 Not Applied For 65-0549623 Section Secti		-		*	-	3. Date Incorporated or Qualifed	 	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0549623 Not Applied For 65-0549623 Section Secti		•						
Suite, Apt. #, etc. Suite,	2. Principal P	lace of Business	2a, Mailing Address	•			Ap	plied For
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Zip Country Zip Country Zip Country 23 30	City & Stat	te	City & State			1 **		
9. Name and Address of Current Registered Agent MAIOUEZ, DRUMNIA 7859 NW 15TH STREET MIAMI FL 33126 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 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 registered Agent signature registered agent agent and title if applicable. (NOTE Registered Agent signature registered when reinstating) D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MAIOUEZ, DRUMNIA 12 NAME STREET ADDRESS 7859 NW 15TH STREET 13 STREET ADDRESS 7859 NW 15TH STREET 13 STREET ADDRESS 7859 NW 15TH STREET 23 STREET ADDRESS 7859 NW 15TH STREET 24 CITY-ST-ZIP 25 CITY-ST-ZIP 25 CITY-ST-ZIP 26 CITY-ST-ZIP 27 CITY-ST-ZIP 28 CITY-ST-ZIP 28 CITY-ST-ZIP 28 CITY-ST-ZIP 29 CITY-ST-ZIP 29 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 20 CITY-ST-ZIP 21 CITY-ST-ZIP 21 CITY-ST-ZIP 22 CITY-ST-ZIP 23 S			Zip		ntry	1		□No
MAIQUEZ, DRUMNIA 7859 NW 15TH STREET MIAMI FL 33126 81	· · · · · · · · · · · · · · · · · · ·					10. Name and Address of New Register	ed Agent	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12. DELETE	11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	les, the at	84 City oove-named co by the corpora	moration submits this statement for the nurpose	of changing its	registered
D	SIGNATURE	Signature, typed or printed name of registered age	nt and titte if applicable. (NOTE	Registered	Agent signature requ			
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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.

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

□ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

Addition

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