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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003245 (4)

N MIAMI BEACH FL 33160

IMPORTACIONES Y EXPORTACIONES PUERTA A PUERTA 24

1,,,,,,	•						
Principal Place of Business Mailing Address					c abbitadt sin anda mitte abitt doilt abitt abitt attie tidit aibn gibt gebr ifbt		
1		B154 N.W. 67TH ST. MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					01/12/1995		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0548112 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zíp 24	Country 25	Zip Coun 29 30		lry	8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	OS, CARLOS L		9	Nam	е		
8154 N.W. 67TH STREET MIAMI FL 33166				2 Stree	Street Address (P.O. Box Number is Not Acceptable)		
			[8	3			
			[4 City	FL 85 Zip Code		
office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Such change was	authorized	by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered	gent signat	ure required when reinstating) DATE		
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	DELETE	1.1 TITL		Change Addition		
NAME	RIOS, CARLOS L		1.2 NAM	E			
ACCADALE COTH NOT ACT OC			40.070	ET ADDRESS	,		

NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

2.1 TITLE

22 NAME

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

DELETE

DELETE

DELETE

6.4 CITY - ST - ZIP 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 employered 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 outtachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

02/17/98 301.6399822

FILED

Feb 23 1998 8:00am

Secretary of State

Change

Change

Addition

___ Addition

Addition