PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

P95000019924 (6)

CIA IMPORT & EXPORT, INC.

Principal Place	of Business	Mailing Address					/III 48 /II 68		18418 B1814 B181 F881
2100 WEST 76TH STREET SUITE 208 HIALEAH FL 33016		2100 West 76th Street Suite 208 Hialean Fl 33016							
						3. Date Incorporated or Qualified 03/09/1995	3a. D	ate of Last F	Report
_2. Principal Pla 21	ice of Business	2a. Mailing Address 26				4. FEI Number 65-0561983	Applied For Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.						\$8.75 Additional Fee Required	
Crty & Stale		City & State			6. Election Campaign Financing			0 May Be	
23		28			Trust Fund Contribution			ed to Fees	
Zip Country 24 25		Ζιρ 29	Gountr 30	У		8. This corporation has liability for intangible tax under s Flonda Statutes ☑ Yes □ No		199 032,	
	g. Name and Address of Current	Registered Agent		. 7		10. Name and Address of New I	tegistere	d Agent	
			8	l Na	ame				
	a, carlos e Vest 76th street		8:	2 St	treet Addre	ess (P.O. Box Number is Not Acceptat	ole)		
SUITE 208			83	3					
	VH FL 33016		84	1 .				- Iaal 3	
			1				F	LIII	ip Code
or registere familiar with SIGNATURE	to the provisions of Sections 607,0502 and agent, or both, in the State of Floridh, and accept the obligations of, Section 50,000 are to be sectionally for the provider providers and a part and accept the providers are to be sectionally for the providers and a part and accept the providers are the section of the section	a. Such change was author ru 607 0505, Florida Statute	ized by the cor as.	porati	ion's board	d of directors. Thereby accept the app	iontment	changing its i as registered	registered office d agent. I am
12.	OFFICERS AND	·	L'Ht. Bigistered Age	ert sijn	will identically discall	ADDITIONS/CHANGES TO OFF	DAIL	ND DIRECTO	
TITLE	PTD	☐ DELETE		1 1 TITLE		7.0511101101011111010111101111	10211071	☐ Change	Addition
NAME	MEDINA, CARLOS E	MEDINA, CARLOS E		1.2 NAMir					
STREET ADDRESS	2100 WEST 76TH STREET		13 SIRES	I ADD	RESS				
CITY-ST-ZIP			14 C-TY-	1.4 C-TY-S1 7iP		· · · · · · · · · · · · · · · · · · ·			
TITLE	VS	☐ DELETE	2 1 T TUE					☐ Change	Addition
NAME	MEDINA, JORGE N		2.2 NAM5						
STREET ADDRESS 2100 WEST 76TH STREET CITY-ST-ZIP HIALEAH FL 33016				2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	HIALEAN FL 33016			2 4 C TY - ST - ZIP 3 1 TITLE			<u> </u>	Change	Addition
NAME			3.2 NAME					g.	
STREET ADDRESS			3.3 STRE		RESS				
CITY - ST - ZIP			3.4 CITY -	ST - ZIP	5				
TITLE		☐ DELETE	4 1 1/1/16					☐ Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 S1R28	EL ADO	RESS				
CITY-ST-ZIP			4.4 CiTy -	ST - Zif					
TITLE		☐ DELETE	5 1 11/16					Cnange	■ Addition
NAM6			5.2 NAME						
STREET ADDRESS			5 3 STREE	LADOR	RESS				
CITY-ST-ZIP			5.4 CITY	ST - ZiF					
TITLE		DELETE	6 1 TITLE					Change	Add tion
NAME			6.2 NAME						
STREET ADDRESS			6 3 S1HEF	FADDE	RESS				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ___