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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # POSOCOODO

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90078 028 \*\*\*150.00

1, Corporation	n Name	020302								
SAVE IMPORT & EXPORT INC.										
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Principal Place of Business Mailing Address					_	1 1888	<b>ied</b> i 11 <b>0</b> 10101 01111 00111	ERKII RAIII ERKII	J 1904 BORUS BUILT	80110 1101 1801
8514 N.W. 66 ST 8514 N.W. 66 ST					ľ					
MIAMI FL 33166 MIAMI FL 33166										
US US					<u> </u>	DO NOT WRITE IN THIS SPACE				
					3.		rporated or Qualife	d		
Principal Place of Business     2a, Mailing Address					-+-	03/13/1 FEI Numb				Und E
					4.				<del></del> -	oplied For
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-051	1851			ot Applicable Additional
22	27	A. II, 000.			Certifcate	of Status Desired			equired	
City & Stat	e		City & State			Election C	ampaign Financing			<del>`</del>
23		28			٥.	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Countr	у	8	This corpo	pration owes the cu	rrent vear In		
24	25	29	30		•	-	Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10.	Name an	d Address of New	Registered	Agent	
					CASTA	NEDA	YULİET	,		-
CASTADEDA, YLIET				2 Street A	ddress (P	O. Box No	imber is Not Accep			
8514 N.W. 66 ST					1660	NW	95 AVE			
MIAMI FL 33166				3						}
			8-	4 City					85 Zip (	Codes
			ļ	) ** <b>*</b>	11 <u>441</u>			FL		33172
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	ites, the above	ve-named co	orporation	submits th	nis statement for the	e purpose of	f changing its	registered
	m familiar with, and accept the obliga-	tions of Section 607.0505, Fl			adon a bo	ald of dire	cicia, i neleby acc	ept the appo	munem as re	gistered
SIGNATURE	Muly Cost on	red C					01-	DATE	<b>ક્રો</b>	
	Signature, Noed or printed name of registered ager	nt and title if applicable. (NOT ID DIRECTORS	E: Registered Ag	ent signature req						
12.	D OFFICERS AN	DELETE	13.			ADDITIONS	S/CHANGES TO O	FFICERS A	ND DIRECTO ☐ Change	RS IN 12 Addition
NAME	CATANEDA, PATRICIA		1.2 NAME						Cloude	L] Addition
STREET ADDRESS	15461 SW 115TH TERRACE									
CITY-ST-ZIP	MIAMI FL 33196			1.3 STREET ADDRESS   1.4 CITY-ST-ZIP						ļ
TITLE			2.1 TITLE	31-21				<del></del>	Change	☐ Addition
NAME	Castaneda, Yuliet		2.2 NAME						( and other section )	
STREET ADDRESS	45541 SW 115TH TERRACE					1 <4/	115 TERRA	/ C.		ĺ
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-	1	HIAH	I FI	33196			
TITLE	MII 12 00 100	☐ DELETE	3.1 TITLE	-					Change	Addition
NAME	•		32 NAME						_ •	-
STREET ADDRESS			3.3 STREE	ET ADORESS						1
CITY-ST-ZIP			3.4, CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			7			☐ Change	☐ Addition
NAME			4. 2 NAME							ł
STREET ADDRESS			4.3 STREE	T ADDRESS						1
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			1	T ADDRESS .						}
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	1			4		Change	☐ Addition
NAME			6.2 NAME							1
STREET ADDRESS				TADORESS						}
CITY-ST-ZIP	•		6.4 CITY-5	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.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,

01-14-99

Daytime Phone #