**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90179 029 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500020856

1. Corporation Name

MONARCH INDUSTRIAL EXPORT, INC.					
				<u>_</u>	
Principal Place	e of Business	Mailing Address			
10960 HANDEL PL 10960 HANDEL PLACE					
BOCA RATON FL 33498 BOCA RATON FL 33498				DO NOT WRITE IN THIS S	SPACE
03				3. Date Incorporated or Qualifed	
,				03/13/1995	\
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0562634	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27			5. Commente di Citato Desiret	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ingible
24	25	29 30	<u> </u>	Personal Property Tax.  10. Name and Address of New Registered A	
<u></u>	9. Name and Address of Curren	t Registered Agent	81 Name		
EVANS GEORGE			6	DUALDO BUZMAN	
2180 PONCE DE LEON AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE 1046			83	C TIMINUEL IN	
	VII FL 33134			-	
	/>		84 City Boot	9 RATON FL	85 Zip Code 33498
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 Sate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farting with 100 accept the policy of Section 607.0505, Florida Statutes.					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with and accept the appointment as registered agent.					
SIGNATURE	Calleran 1/0%	MANY EDUARI	O GUZMAN	4/2	1199
GOWNONE			gistered Agent signature required		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  ☐ Change ☐ Addition
TITLE	p CUTHAN SPUADO A	□ bereie	1.1 TITLE	•	Douglide Division
NAME	GUZMAN, EDUARDO A	•	1.2 NAME		
STREET ADDRESS	10960 HANDEL PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
	VP.	C Parent	22 NAME		
NAME STREET ADDRESS	GUZMAN, SHIRLEY 10960 HANDEL PL		2.3 STREET ADDRESS		
<b>j</b>	BOCA RATON FL		2.4 CITY-ST-ZIP		}
TITLE	DOOM INTON I L	☐ D€LETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE.	·				☐ Change ☐ Addition
NAME:	İ	☐ DELETE	4.1 TITLE		_ , _ ,
STREET ADDRESS	<b>.</b>	☐ DELETE	4.1 INLE 4.2 NAME		
1 6		☐ DELETE	1		
CITY-ST-ZIP			4. 2 NAME		
CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE	·		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
TITLE NAME	·	☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		↑ Change
TITLE NAME STREET ADDRESS	·		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		↑ Change

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 of 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:

STREET ADDRESS

CHETTE QLEWARDO GUZMAN SIGNATURE AND TYPED OR PR

561-477-1744