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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029757

PROMPT IMPORT AND EXPORT INC.

Mailing Address 2617 NW 17TH LN

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90197 038 ***150.00



2617 NW 17TH POMPANO BEAG		2617 NW 17TH LN POMPANO BEACH FL 33064							T. I.		
								OO NOT WR		SPACE	
2 Principal Place of Business 2a. Mailing Address					-	4. FEI Nu	<u> </u>				applied For
2. Principal Place of Business 21 8224 NW 68 ST. 2a. Mailing Address 26 8224 NU			ん名 ^州 ST.				73973				ot Applicable
		26 8224 NW 68th ST. Suite, Apt. #, etc.				<u> </u>	10010				Additional
Suite, Apt. :		27				5. Certifca	ate of Stat	us Desired		Fee F	Required
City & State	City & State] •			gn Financing		•	May Be	
23 MIAN	01,+1	28 M (Am, FL					und Conti				I to Fees
zip 24 33160	Country	Zip				This corporation owes the current year Intan Personal Property Tax. Name and Address of New Registered Ag				☐ Yes	Σ N ο
			1	0. Name	and Addi	ess of New	Registered	Agent			
OLD I	81	Name							1		
	HA, HENRIQUE		82 Street Add			ddress (P.O. Box Number is Not Acceptable)					
2617 NW 17TH LN				8	224	FNW	68+	h STR	EE 7		
POMPANO BEACH FL 33064			83				-				
	,		84	City						85 Zip	Code
			04	רויא א	MIA	mi			FL	- ゜ ゔ゚	3/66
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was authoriz	ed by	e-named the corpo	comorat	ion submit	s this stat lirectors.	ement for th hereby acc	e purpose o ept the appo	f changing in intment as i	s registered egistered
SIGNATURE											}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Ager	t signature re	required who				DATE		
12.	OFFICERS AND		3.			ADDITIO	NS/CHA	NGES TO O	FFICERS A		
TITLE	PD	☐ DELETE 1.1	TITLE	ļ	BIR	ECTOI	2			X Change	Addition
NAME	CUNHA, HENRIQUE	1.3	NAME			- 11		dto 5	C TOT		
STREET ADDRESS	2617 NW 17TH LN	1.3	STREE	ADDRESS	182	.24	NM	68th	SIKE	e 1	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-S	T-ZIP	mi	AMI,	FL-	<u> 331</u>	66		
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STREET ADDRESS		5.1	STREE	ADDRESS							
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TITLE		DELETE 6:	TITLE	_	T					Change	Addition
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STREET ADDRESS		6.3	STREE	ADDRESS							
			CITY-S]						j
CITY-ST-ZIP							(O)(I) EI	rida Statutos	1.5.46.00	-1:E . 4la -4 4la -	. lafa-sation

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: _

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