FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF COMPORATIONS

1996

DOCUMENT # P9500030544 (7)
1. Corporation Name

IMPORT/EXPORT INTERNATIONAL, INC.

| Principal Place of Business Mailing Address | | | | | | | 2011 | ı Quill Qfait Q166 1896 | |
|---|---|---|---------------------------------------|--------------------------------|--|---|--|---|--|
| 155 SOUTH I MIAMI FL 331 | | 155 SOUTH MIAMI AVENUE PH1 MIAMI FL 33130 | | | | | | | |
| | | | | | | 04/14/1995 | 3a. Date of Last | Report | |
| 2. Principal Place | 2a. Mailing Addr | Mailing Address | | | 4. FEI Number | | Applied For | | |
| 21 | | 26 . | • | | | 59-3090255 | | Not Applicable | |
| Suite, Apt. #, | etc. | 27 | Suite, Apt. #, etc. | | | | \$8.75 Additional Fee Required | | |
| City & State | | F | City & State | | | | 6. Election Campaign Financing \$5.00 May Be 1 rust Fund Contribution Added to Fees | | |
| 23 Zip | Country | [28] Zip | · · · · · · · · · · · · · · · · · · · | Country | | This corporation has liability for intal | - Ao | | |
| 24 | 25 | 29 | 30 | , | | Florida Statutes Yes [| | 3 100.002, | |
| - • 1 | 9. Name and Address of Curre | | | Τ | | 10. Name and Address of New Reg | stered Agent | | |
| | | | | 81 | Name | | | | |
| NOTOPO | OULOS, ANASTASIOS ESQ. | | | 82 | Street Ado | iress (P.O. Box Number is Not Acceptable) | | | |
| 155 SOUTH MIAMI AVENUE PH1 | | | | 02 | | | | | |
| MIAMI FL 33130 | | | | 83 | | | | | |
| | _ | | | 84 | City | | 85 | Zip Code | |
| | | | | | | oration submits this statement for the purpo | FL | , | |
| SIGNATURE 3 | gradure, by a second of register at agric | D DIRECTORS | | lered Agr | rt signature requir | D2/2 ADDITIONS/CHANGES 10 OFFICE | 2 3/96 DAVE | | |
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| NAME | GONZALEZ, MIGUEL M | _ | | 2 NAME | | | | | |
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| CITY-ST-ZIP | MANZANA BARRIO INDUS | | | 4 OITY - 5 | | | | | |
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| TITLE | | □ D€I | LETE 6 | : THILE | | | ☐ Chang | ge Addition | |
| NAME | | | 6 | 2 NAME | | | | | |
| STREET ADDRESS | | | (| 3 STREE | T ADORESS | et . I. D. I. | | | |
| CITY-ST-ZIF | | 10 Alexander | | 4 CHY | | poop by Bank | VOVIA FINITE OF | at atom 17 materia | |
| certify that to | certify that the information supplied he information indicated on this and am an officer or tirrector of the corp Block 12 or Block of the changed, or | ual report or suppleme oration of the receiver | ental annual repo or trustec empo | ina ooe ort is tr owered | is not qualify ue and accur to execute the | for the exertidition states in Section 119.07 ate and that my signature shall have the same report as required by Chapter 607, Floring. | цодку, Fiorida Sta ame legal effect a da Statutes; and | itoles. Hurther is if made under that my name | |

TITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

02/23/96 Dayline Plans