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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034133 (5)

1. Corporation Name

SOUTH FLORIDA IMPORT & EXPORT CORP.



Principal Place of Business

169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

Mailing Address

169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FLI Number

APPLIED FOR

X Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, DISNEY D
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DISNEY D. THOMPSON

Signature Typed or Printed Name of Registered Agent and the Corporation

(Note: Registered Agent signature required whenever changing)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME HORACIO CADALSO
STREET ADDRESS 169 E. FLAGLER ST. STE. 1527
CITY-STATE-ZIP MIAMI, FLORIDA 33131

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: X

RAFAEL RODEZNO

4/26/96

(305) 381-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)