SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000034750 (6)

Z 28 EX	(PORT-IMPO	RT, INC.							
Principal Place of Business Mailing Address								a tabulada isa taian ahin aani aasi bahi aataa biini bidu taal afili abii 1861	
2901 AVENIDA EMBASSY LAK COOPER CITY	E	2901 AVENIDA BOGOTA EMBASSY LAKE COOPER CITY FL 33026					Date Incorporated or Qualified 3a. Date of Last Report 05/03/1995		
2. Principal Pla	ace of Business		2a. Mailing Address					4. FEI Number Applied For	
21			26					65-0622417 Not Applicable	
Suite, Apt	¥, e lc	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22			27					ree Required	
City & State	!	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip Country			ntru		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199 032,	
Zip 24	25	Country	29		30	· • • •		Florida Statutes Yes No	
24		Address of Curren		ent	1301			10. Name and Address of New Registered Agent	
			-			81	Name		
	ELI, JOSE				}	82	Stroot A	Address (P.O. Box Number is Not Acceptable)	
	1 AVENIDA BO		82			Street A	Address (F.O. Box Number is Not Acceptable)		
	BASSY LAKE	00000			Ì	83			
	oper city fl					City	FL 85 Zip Code		
11. Pursuant i office or re agent. I as SIGNATURE	egistered agent, m familiar with, a	of Sections 607.050/ or both, in the State and accept the obliga-	of Floridal Such o ations of, Section	hange was a 607.0505, Flo	uthorized rida Statu	by I iles.	tne carpo	corporation submits this statement for the purpose of changing its registered ionation's board of directors. Thereby accept the appointment as registered crossome when recisal (g).	
12.	organizate special pr	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	PD			DELETE	11 Tr	TLE		Change Addition	
NAME	MICELI, JOS	ΣE			12 NA	MĚ			
STREET ADDRESS 2901 AVENIDA BOGOTA EM			BASSY LAKE		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP		TY FL 33026		T			T - ZIP	Character L Addition	
TITLE	VD		Ļ	DELETE	2 1 TI			Change Addited	
NAME		(ICELI, MARIA			2 2 N/				
STREET ADDRESS		DA BOGOTA EME	BASSY LAKE				ADDRESS		
CiTY-ST-ZIP	COOPER C	TY FL 33026		DELETE	2 4 C		ST-7iP	Change Addition	
THTLE			L.	J betti	32 N/				
NAME 070007 ADDRESS							ADDRESS		
STREET ADDRESS							ST-ZIP		
CITY - ST - ZIP				DELETE	4111			Change Addit	
NAME				_	4 2 N	AME			
STREET ADDRESS					435	TREET	ADDRESS		
DITY-ST-ZIP					4 4 C	ITY-S	ST - ZIP		
TITLE				DELETE	5 1 11	TLE		Change Additi	
NAME	ļ				5 2 N	AME			
STREET ADDRESS					538	TREET	ADDRESS		
CITY - ST - ZIP							S1 - ZIP		
TITLE			L.	DELETE	6 1 T			Change Addits	
NAME					62 N				
STREET ADDRESS							f address		
DITY-ST-ZIP	but postif . About 15	n information as notice	ed with this files o	voluntarily f	f 40	and	SI-ZIP	t gualify for the exemption stated in Section 119 07(3)(k), Fforida Statutes. I	

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 Statules. 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 it 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 617, Florida Statules and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIDVING OFFICER OR DIRECTOR

JOSE Miceli

CR2E034 (3/96)