

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
1996



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

DOCUMENT # P95000038667 (8)
1. Corporation Name

MULTIMEDIA EXPORT CORPORATION

Principal Place of Business

Mailing Address

~~6175 N.W. 167TH ST.
G-18
HIALEAH FL 33015~~

~~6175 N.W. 167TH ST.
G-18
HIALEAH FL 33015~~



2. Principal Place of Business

2a. Mailing Address

21 7839 N.W. 15th STREET

26 7839 N.W. 15th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

City & State

28 MIAMI FL

24 Zip 33126

Country U.S.A.

29 Zip 33126

Country U.S.A.

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

4. FEI Number

65 0580533

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. 190.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PANTOJA, ANTONIO D
6175 N.W. 167TH ST.
#G-18
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name Pantoja, Antonio D
82 Street Address (P.O. Box Number is Not Acceptable) 7839 NW 15 Street
83
84 City Miami FL 85 Zip Code 33126

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

Signature, typed or printed name of registered agent and fee (if applicable)

(If the Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DE OLIVEIRA, ANTONIO P

STREET ADDRESS ~~6175 N.W. 167TH ST. G-18~~

CITY-ST-ZIP HIALEAH FL 33015

TITLE SD ☐ DELETE

NAME CARDOSO, ALEXANDRE

STREET ADDRESS ~~6175 N.W. 167TH ST. G-18~~

CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME DE OLIVEIRA, ANTONIO P

13 STREET ADDRESS 7839 N.W. 15th STREET & Address

14 CITY-ST-ZIP MIAMI FL 33126

21 TITLE SD ☒ Change ☐ Addition

22 NAME CARDOSO ALEXANDRE

23 STREET ADDRESS 7839 N.W. 15th STREET & Address

24 CITY-ST-ZIP MIAMI FL 33126

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 13/96 (305) 513-9559

Date

Telephone

CR2E034 (3/96)