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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNL	JAL REPORT	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State						
	MENT # P95(EXPORT SERVICES, INC	000396 c.	65 (1)							er eine verk	
Principal Place	e of Business	Mailing /	Mailing Address				-	I COLER AUST	AME ENIT ON	A OHN (DD)	
8544 NW 66TH ST MIAMI FL 33166		8544 NW 66TH ST Miami Fl 33166-2635 US									
US		03					3. Date Incorporated or Qualified 05/18/1995		te of Last F 22/1996	leport	7
· · · · ·	lace of Business	<u></u>	ng Address				4. FEI Number		A	pplied For	
Suite, Apt	#, etc.	26 Suite	, Apt. #, etc.				65-0590153			ot Applicable Additional	-
22		27	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		,	equired	
City & State	0	City 8	& State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	ł
23 Zip	Country	Zip		Cou	ntry	,	This corporation has liability for				1
24	25	29		30			Florida Statutes] Yes [] No		
	9. Name and Address of (Current Registered	Agent		81	Name	10. Name and Address of New Re	gistered .	Agent		4
	rba, noel a 0 SW 4 ST			ł	•						1
]	Mi FL 33174				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)			1
· · · · · · · · · · · · · · · · · · ·					83						1
					84	City			85 Zip	Code	4
						'		FL			
office or nagent. La	to the provisions of Sections 60 egistered agent, or both, in the im familiar with, and accept the	37,0502 and 607,150 State of Florida. Suc obligations of, Secti	98, Florida Statut ch change was ion 607.0505, Fl	es, the at authorized orida Stat	d by utes	a-named corporations, the corporations, and	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of ot the app	changing i ointment as	ts registered registered	
SIGNATURE	Signature Typed or printed name of regist	ered agent and title if applica	able. (NOT	E Registered	Age	ant signature require	of when reinstating)	DATE			ł
12.	OFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND]{
THEF	P DADOA NOCI A		☐ DELETE	1.1 TO					Change	Addition	Š
NAME	Barba, Noel A 9590 SW 4TH ST			1.2 N/							3
STREET ADDRESS	MIAMI FL					ADDRESS					į
CITY-ST-ZIP TITLE	Invan 12		DELETE	2.1 10		IT- ZIP			Change	Addition	-{6
NAME				2.2 N		1			- •		
STREET ADDRESS				2.3 ST	REET	ADDRESS					
City - ST - ZiP		·		2 4 0	1TY - S	ST-ZIP	······································				1
THLE			DELETE	3.1 71		-			Change	Addition	
NAMÉ CENTLE ADECC CO				3.2 NA		. ADDOCCO					
STREET ADDRESS (CITY-ST-ZIP						ADDRESS S					
TITLE			DELETE	4.1 Til		21-611			Change	Addition	1
Name				4.2 N		l			-		
STREET ADDRESS				4.3 \$1	reet	ADDRESS					
CITY - ST - 7IP			~ 			ST-ZIP	· · · · · · · · · · · · · · · · · · ·		<u> </u>		1
TITLE			DELETE	5.1 TII		1			Change	Addition	
NAME OFFICE ASSOCIATE				5.2 N/		***************************************					1
STREET ADDRESS						ADDRESS					
City+St-7iP Tillf			DELETE	5.4 CI		ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition	\dashv
NAME				6.2 N		[·· == •		
STREET ADDRESS				6,3 ST	REET	ADDRESS	•				
	}				n/ n						1

14. I do 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 ceth; that it 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.

FILED

Apr 10 1997 8:00am

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