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Jun 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000046466 (5)

1. Corporation Name

SAVOY ENTERPRISES EXPORT-IMPORT, INC.



Principal Place of Business

8009 N.W. 36 STREET
SUITE 231-E
MIAMI FL 33166
US

Mailing Address

151 MAJORCA AVENUE
SUITE C
MIAMI FL 33134-4533
US

2. Principal Place of Business

21 8025 NW 36 STREET

Suite, Apt. #, etc.

22 #320

City & State

23 MIAMI - FL

Zip

24 33166

Country

25

2a. Mailing Address

26 141 NE 3RD AVENUE

Suite, Apt. #, etc.

27 9TH FLOOR

City & State

28 MIAMI FL

Zip

29 33132

Country

30 DADE

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

03/25/1996

4. FEI Number

65-0588927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PRATS, GABRIEL
151 MAJORCA AVENUE STE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 B & L BUSINESS

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

141 NE 3RD AVENUE

84 9TH FLOOR

City

MIAMI

FL

85 Zip Code

33132

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTD ☐ DELETE

NAME SAVOIA, PAULO
STREET ADDRESS 8009 N.W. 36 STREET, #231-E
CITY-ST-ZIP MIAMI FL

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

1.1 TITLE PVTD ☐ Change ☐ Addition

1.2 NAME SAVOIA PAULO

1.3 STREET ADDRESS 8025 NW 36 STREET

1.4 CITY-ST-ZIP MIAMI FL 33132

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

CR2E034 (9/96)