

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90104 012 ***150.00

DOCUMENT # P95000048543

1. Corporation Name

AMERICAN COMMODITIES EXPORTERS, INC.



Principal Place of Business

8400 NW 52ND. STREET
SUITE 211
MIAMI FL 33166
US

Mailing Address

8400 NW 52ND. STREET
SUITE 211
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8405 N.W. 53 Street

Suite, Apt. #, etc.

22 A-107

City & State

23 Miami, Fl

Zip

24 33166

Country

25 Dade

2a. Mailing Address

26 8405 N.W. 53 Street

Suite, Apt. #, etc.

27 A-107

City & State

28 Miami, Fl

Zip

29 3166

Country

30 Dade

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0592944

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOUYON, ALIX
8400 NW 522ND STREET
SUITE 221
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Douyon Alix

82 Street Address (P.O. Box Number is Not Acceptable)
8405 N.W. 53 Street

83 Suite A-107

84 City Miami

FL

85 Zip Code
33166

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME DOUYON, ALIX C
STREET ADDRESS 8400 NW 52ND. STREET SUITE 211
CITY-ST-ZIP MIAMI BEACH FL 33166

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 ☐ Change ☐ Addition
1.2 NAME Douyon, Alix
1.3 STREET ADDRESS 8405 N.W. 53 Street, Suite A-107
1.4 CITY-ST-ZIP Miami, FL 33166

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alix Douyon

DATE

4/12/99

DAYTIME PHONE #

305 418-4223

CR2E034 (11/98)