FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
AND
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1997 JUL 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
96-1997

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

DOCUMENT # P95000052440

1. Corporation Name
ALL OVER Import & Export, Inc

[redacted]

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: JUL 07 1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2813 SW 174 AVE	26 2813 SW 174 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR FLORIDA	28 City & State: MIRAMAR FL
24 Zip: 33029 25 Country	29 Zip: 33029 30 Country

4. FEI Number: 65-0597144 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: RAFAEL SOSA
82 Street Address (P.O. Box Number is Not Acceptable): 2813 SW 174 AVE
83
84 City: MIRAMAR FL 85 Zip Code: 33029

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] RAFAEL SOSA 5/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANTONIO MARTIN 2813 SW 174 AVE MIRAMAR FL 33029 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. RAFAEL SOSA 2813 SW 174 AVE MIRAMAR FL 33029 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**REINSTATEMENT** ☐ Change ☐ Addition 7/24/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OMAIRA SANGUINETTI 2813 SW 174 AVE MIRAMAR FL 33029 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002251010--1 -07/29/97--01087--010 ****915.00 ****915.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUIS SOSA 2813 SW 174 AVE MIRAMAR FL 33029 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.