

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

DOCUMENT # P95000052440

1. Corporation Name  
ALL OVER IMPORT & EXPORT INC.

FILED  
Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90016 001 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0597144	
22 City & State	27 City & State			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SOSA, RAFAEL 2813 SW 174TH AVENUE MIRAMAR FL 33029				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MORTIN, ANTONIO	1.2 NAME	
STREET ADDRESS	2813 SW 174TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33029	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	SOSA, RAFAEL	2.2 NAME	
STREET ADDRESS	2813 SW 174TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33029	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SANSEGUNDE, OMAIRA	3.2 NAME	
STREET ADDRESS	2813 SW 174TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33029	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SOSA, LUIS	4.2 NAME	
STREET ADDRESS	2813 SW 174TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33029	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

01/28/99 (305)  
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