

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000055369 (9)**

1. Corporation Name:

AMEXCO - AMERICAN EXPORT CO., INC.



Principal Place of Business

**1935 CALAIS DRIVE
SUITE 101
MIAMI BEACH FL 33141**

Mailing Address

**1935 CALAIS DRIVE
SUITE 101
MIAMI BEACH FL 33141**

2. Principal Place of Business

21 **34 SE 2ND AVE**

Suite, Apt. #, etc.

22 **307**

City & State

23 **MIAMI, FL**

Zip

24 **33131**

Country

25 **DADE**

2a. Mailing Address

26 **34 SE 2ND AVE**

Suite, Apt. #, etc.

27 **SUITE 307**

City & State

28 **MIAMI, FL**

Zip

29 **33131**

Country

30 **DADE**

3. Date Incorporated or Qualified

07/14/1995

3a. Date of Last Report

4. FET Number

05-0599917

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

g. Name and Address of Current Registered Agent

**DOS SANTOS, E. EVANGELISTA
1935 CALAIS DRIVE
APARTMENT 205
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name **ERIVAN EVANGELISTA DOS SANTOS**
82 Street Address (P.O. Box Number is Not Acceptable)
2133 CALAIS DR. APT. 4
83
84 City **MIAMI BEACH** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 607.0502 and 607.1203, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

4/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VICE-PRESIDENT

JOHN ERWIN SMITH

1261 VARGAS DR.

SAN JOSE, CA 95120

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (305) 371-5995

CR2E034 (12/95)