

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059586 (4)
 1. Corporation Name
D & J EXPORT, INC.



Principal Place of Business 579 RACQUET CLUB ROAD NO. 9 FT. LAUDERDALE FL 33326	Mailing Address 579 RACQUET CLUB ROAD NO. 9 FT. LAUDERDALE FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4701 SW 45TH STREET Suite, Apt. #, etc 22 BLOG 3 BAY 34 City & State 23 FT LAUDERDALE, FL Zip 24 FL 33314	2a. Mailing Address 26 579 RACQUET CLUB RD Suite, Apt. #, etc. 27 NO 9 City & State 28 WESTON FL Zip 29 33326 Country 30 USA	3. Date Incorporated or Qualified 07/31/1995	4. FEI Number 65-0602823 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
VEIZAGA, DINO
579 RACQUET CLUB ROAD
NO. 9
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent
 81 Name **VEIZAGA DINO**
 82 Street Address (P.O. Box Number is Not Acceptable)
579 RACQUET CLUB RD N^o 9
 83
 84 City **WESTON** **FL** 85 Zip Code **33326**

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE **4-20-98**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VEIZAGA DINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEIZAGA, DINO	1.2 NAME	VEIZAGA DINO
STREET ADDRESS	579 RACQUET CLUB ROAD, NO. 9	1.3 STREET ADDRESS	579 RACQUET CLUB RD N^o 9
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	WESTON FL 33326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEIZAGA, JANET	2.2 NAME	
STREET ADDRESS	579 RACQUET CLUB ROAD, NO. 9	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SACHAROFF ALAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROFF, ALAN	3.2 NAME	SACHAROFF ALAN
STREET ADDRESS	579 RACQUET CLUB RD., N29	3.3 STREET ADDRESS	579 RACQUET CLUB RD N^o 9
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE **4-20-98**
 954-349-8791 OFF
 954-309-7886 CELL

CR2E034 (10/97)