


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

0307165

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90008 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000059586**

1. Corporation Name  
**D & J EXPORT, INC.**

Principal Place of Business 4701 SW 45TH STREET BLDG 3 BAY 34 FT. LAUDERDALE FL 33314 US	Mailing Address 579 RACQUET CLUB ROAD NO. 9 WESTON FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>579 RACQUET CLUB ROAD</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>NO 9</b>
City & State 23	City & State 28 <b>WESTON</b>
Zip 24	Country 29 <b>FL</b>
Country 25	Zip 30 <b>33326</b>

3. Date Incorporated or Qualified <b>07/31/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0602823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VEIZAGA, DINO**  
**579 RACQUET CLUB ROAD**  
**NO. 9**  
**WESTON FL 33326**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VEIZAGA, DINO</b>	1.2 NAME	
STREET ADDRESS	<b>579 RACQUET CLUB ROAD, NO. 9</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACHAROFF, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>579 RACQUET CLUB RD., N29</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 Date: **4-26-99** Daytime Phone #: **954 309 7886**

CR2E034 (11/98)