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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060405 (4)

PORTAL EXPORTERS INTERNATIONAL, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-   -	JAN BIJIN	DOHUL BILL 1961
7841 OSTEEN ROAD 7841 OSTEEN ROAD								
NEW PORT RICHEY FL 34653		NEW PORT RICHEY FL 34653				DO NOT WIDITE IN THIS OF	3405	
						DO NOT WRITE IN THIS SE  3. Date Incorporated or Qualified	AUE	
						08/04/1995		
	Place of Business	2a. Mailing Address				4. FEI Number	$\top$	Applied For
21		26				59-3327847		Not Applicable
	ot. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22 City & St	eto	City & State						Required
23	ate	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
Zip	Country	Zip	untry					
24	25	29	30	,		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	Yes	Intangible No
	9. Name and Address of Current					10. Name and Address of New Registered Ag		
M	IITCHELL, MARISOL	· · · · · · · · · · · · · · · · · · ·		61	Name			
7841 OSTEEN ROAD					Street Addre	ddress (P.O. Box Number is Not Acceptable)		
N	EW PORT RICHEY FL 34653					22 ( DON FROMING)		
				83				
				84	City		<b>85</b> Zi	ip Code
44 0		1007 1700 5				FL FL	l í	•
i onice oi	<b>r registered agent, o</b> r both, in the State c	il Florida. Such change was a	uthorized	d by t	named corpo the corporatio	oration submits this statement for the purpose of cours board of directors. Thereby accept the appoint	hanging ntment	g its registered as 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, typod or printed name of repistured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	ORS IN 12
TITLE	D	DELETE	11 1	TLE	[	· · · · · · · · · · · · · · · · · · ·	Change	
NAME	MITCHELL, MARISOL		1.2 NA	AME				
STREET ADDRESS			1.3 ST	REET AC	DORESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CITY - ST - ZIP		ZIP			
TITLE	☐ DELETE 2.1 T		2.1 1∤1	ΓL€			Change	e 🔲 Addition
NAME			2.2 NA	ME				
STREET ADDRESS	S		2.3 ST	REE1 A	DORESS			
CITY-ST-ZIP		DELETE		ITY-ST-	- ZIP	· · · · · · · · · · · · · · · · · · ·	٦	
TITLE		☐ DELETE	3.1 TIF			i.	_ Change	e 📙 Addilion
NAME CERCET ADODGEC	.]		3.2 NA					
STREET ADDRESS	<b>`</b>			REET AC				İ
CITY-ST-ZIP TITLE		DELETE	3.4. CI	TY-SI-	ZIP		Change	e Addition
NAME			4. 2 NA			<u>-</u>		AUDITION
STREET ADDRESS			4	REET AD	OUBECC			
CITY-ST-ZIP				NEET AL TY-ST-7	1			
TITLE		DELETE	5.1 TIT		E''		Change	Addition
NAME		_	5.2 NA					. Special Control
STREET ADDRESS	: [			REET AD	DDRESS			
CITY-ST-ZIP				IY-\$1-2				
TITLE		DELETE	61 Till		<u></u>		Change	Addition
NAME			6.2 NAI			_		
STREET ADDRESS			4	REET AD	DDRESS			
CITY-ST-ZIP	,			Y-ST-2				

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.

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