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 # P95000060672 (9)

FILED
May 14 1998 8:00am
Secretary of State

| PARY | 'IMPORT & EXPORT, CORP. | | | | |
|---|---|--------------------------------------|---------------------------------|--|--------------------------------|
| Principal Plac | ce of Business | Mailing Address | | | |
| #BLLTWOOD FL 93921 HOLLTWOOD FL 93921 | | | DO NOT WRITE IN TH | HIS SPACE | |
| | - | | | 3. Date Incorporated or Qualified | |
| | | , | | 08/07/1995 | |
| | Place of Business. S COVE LANER 1 | 2a. Mailing Address | ر الطر سار | 4. FEI Number | Applied For |
| 21 14 L Suite, Apt. | | 26 1445 COVE 2 Suite, Apt #, etc. | LAKE KU. | 65-0599874 | Not Applicable |
| 22 | , 0.0. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| | HLAUDERDALE FL | 28 NORTH LAUDE | ADALE FL | Trust Fund Contribution | Added to Fees |
| בג Zip | 068 25 115 | 29 33068 3 | Country | 8. This corporation owes or has paid the | |
| 24 930 | 9. Name and Address of Current I | 1771 | 0 25 | Personal Property Tax due June 30. 10. Name and Address of New Register | Yes No |
| | ARI, MODESTO | Iodistered Adelit | 81 Name | | eo Agent |
| Lagra-Amazon An | | | | PARI TODESTO | |
| - HOLLYWOOD FL 83021 | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | | | 83 | | |
| | | | 84 City | · · · · · · · · · · · · · · · · · · · | ge Zin Codo |
| | | | NOR | TH LAUDERDALE F | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | Signature, typed at ponted name of registered apont a | en 4 telo et secolo stalo | Registered Agent signature requ | | |
| 12. | OFFICERS AND I | | 13. | DAT ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CHANGE ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS | I N |
| TITLE | PD | DELFTE | 1.1 TOLE | | Change Addition |
| NAME | PARI, MODESTO | | 1.2 NAME | | |
| STREET ADDRESS | 3253 GRANT ST | | 1.3 STREET ADDRESS | | <u> </u> |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | T britze | 1.4 CHY-ST-ZIP | | |
| TITLE NAME | VD Ballarta, ana maria | ☐ DEL€TE | 21 1HLE | | Change Addition C |
| STREET ADDRESS | 3253 GRANT ST | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | | 2. 4 CITY-ST-ZIP | | 1 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | | D britis | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME Street address | | | 4.2 NAME 4.3 STHEET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 City-St-ZiP | | |
| TITLE | | DELETE | 51 TITLE | | Change Addition |
| NAME | | <u>_</u> | 5.2 NAME | | \(\(\alpha\). |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | 22/14 |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | ا ۱/ د |
| TITLE | | ☐ DELETE | G.1 TITLE | 9000025271 | Change Addition |
| NAME | | | 6.2 NAME | 9000025271 -05/18/9801059 | 025 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***150.00 | · |
| CITY-ST-ZIP | certify that the information supplied with | this filing does not Auglify for | 6.4 City-St-ZiP | Section 119.07(3)(i), Florida Statutes. I further | contify that the information |
| indicated | on this annual report or supplemental a | unual report is Irue and accura | no exemplion stated in | r section 119.07(3)(ι), Florida Statutes. Hurther ire shall have the same legal effect as if made | under eath: that I am an |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is rue 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 on the recover or trostee on) owered 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 attrictment with an address.

SIGNATURE: X

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(300) 912 Cal-