

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000062002 (7)

1. Corporation Name

MAIEN EXPORT & IMPORT, CORP.

FILED
May 07 1997 8:00am
Secretary of State



Principal Place of Business

7155 S.W. 8TH STREET
MIAMI FL 33144

40 YOLANDA SOLANO

Mailing Address

7155 S.W. 8TH STREET
MIAMI FL 33144-4659

40 YOLANDA SOLANO

2. Principal Place of Business

21 782 NW LeJeune Rd.

Suite, Apt. #, etc.

22 SUITE # 437

City & State

23 Miami, FL

Zip

24 33126

Country

25 US

2a. Mailing Address

26 782 NW LeJeune Rd.

Suite, Apt. #, etc.

27 SUITE # 437

City & State

28 Miami, FL

Zip

29 33126

Country

30 US

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report
05/16/1996

4. FEI Number

65-0604320

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

9. Name and Address of Current Registered Agent

SOLANO, YOLANDA
7155 S.W. 8TH STREET
MIAMI FL 33144

782 NW LeJeune Rd
SUITE # 437
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
PSTD
GUTIERREZ, RAFAEL
STREET ADDRESS
7155 S.W. 8TH STREET
CITY-ST-ZIP
MIAMI FL 33144

☐ DELETE

TITLE

NAME
DE GUTIERREZ, ADELA J
STREET ADDRESS
7155 S.W. 8TH STREET
CITY-ST-ZIP
MIAMI FL 33144

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
782 NW LeJeune Rd #437
Miami FL 33126

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
782 NW LeJeune Rd #437
Miami FL 33126

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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: Rafael Gutierrez RAFAEL GUTIERREZ

11/12/97 (201) 411-2006

CP2E034 (9/96)