

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063364 (0)

1. Corporation Name
STEPS IMPORT & EXPOT, INC.



Principal Place of Business
10 N.E. 45TH STREET
POMPANO BEACH FL 33064

Mailing Address
10 N.E. 45TH STREET
POMPANO BEACH FL 33064-3451

3. Date Incorporated or Qualified 08/16/1995
3a. Date of Last Report 08/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0607147
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALBI, FRANCISCO C
10 N.E. 45TH STREET
POMPANO BEACH FL 33064

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BALBI, FRANCISCO C	
STREET ADDRESS	10 N.E. 45TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BALBI, FRANCISCO C	
STREET ADDRESS	10 N.E. 45TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BALBI, FRANCISCO C	
STREET ADDRESS	10 N.E. 45TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALBI, FRANCISCO C	
STREET ADDRESS	10 N.E. 45TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE - PRESIDENT.
2.3 STREET ADDRESS	BALBI, DAISY CARR.
2.4 CITY - ST - ZIP	10 N.E. 45TH STREET
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: _____
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

01-28-97 (954) 781-5423
Date Daytime Phone #

CR2E034 (9/96)