

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

FILED

May 13 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 # **P95000066333 (2)**

1. Corporation Name
HI-LINE, IMPORT-EXPORT, INC.

Principal Place of Business 8311 NW 64TH ST. 5 MIAMI FL 33166 US	Mailing Address 8311 NW 64TH ST. 5 MIAMI FL 33166-2656 US
--	---

3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business 21 5901 NW 151st St.	2a. Mailing Address 26 5901 N.W. 151st Street
22 Suite, Apt. #, etc. Ste. 221	27 Suite, Apt. #, etc. Ste. 221
23 City & State Miami Lakes FL	28 City & State Miami Lakes FL
24 Zip FL 33014	25 Country US
29 Zip 33014	30 Country US

4. FEI Number 65-0622030	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent
GOULD, RONALD
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **Eloy Salazar**
82 Street Address (P.O. Box Number is Not Acceptable)
5901 N.W. 151st Street
83 **Ste. 221**
84 City **Miami** **FL** 85 Zip Code **33014**

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 *Eloy Salazar* **04/29/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP SALAZAR, ELOY
STREET ADDRESS	1110 BRICKELL AVE. 7TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	D GONZALEZ, JULIETA
STREET ADDRESS	1110 BRICKELL AVE. 7TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	D SALAZAR, LUIS F
STREET ADDRESS	1110 BRICKELL AVE. 7TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	D RODRIGUEZ, MARIA E
STREET ADDRESS	1110 BRICKELL AVE. 7TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 included 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: *Eloy Salazar* **04/29/97**
Date Daytime Phone: **0225376**

CR2E034 (9/96)