

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # P95000068173 (0)

1. Corporation Name

SERMAR IMPORT & EXPORT CORP.



Principal Place of Business

4520 N MIAMI AVENUE
MIAMI FL 33127
US

Mailing Address

4520 NORTH MIAMI AVENUE
MIAMI FL 33127-2628

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 15405
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.
Zip Country

29 33101-5405 30 USA

9. Name and Address of Current Registered Agent

MIRANDA, LUIS
4520 NORTH MIAMI AVENUE
MIAMI FL 33127

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

04/11/1996

4. FEI Number

65-0606282

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

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 of the person who is the registered agent or the principal officer or director of the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP
12.2 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP
12.3 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP
12.4 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP
12.5 TITLE
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SUFFIX, ADDRESS
CITY, ST, ZIP
12.6 TITLE
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SUFFIX, ADDRESS
CITY, ST, ZIP
12.7 TITLE
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SUFFIX, ADDRESS
CITY, ST, ZIP
12.8 TITLE
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SUFFIX, ADDRESS
CITY, ST, ZIP
12.9 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP
12.10 TITLE
NAME
SUFFIX, ADDRESS
CITY, ST, ZIP

DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY - ST - ZIP
13.13 TITLE
13.14 NAME
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13.94 NAME
13.95 STREET ADDRESS
13.96 CITY - ST - ZIP
13.97 TITLE
13.98 NAME
13.99 STREET ADDRESS
14.00 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 and based 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 and the necessary person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)