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

OCHMENT

l	R IMPORT & EXPORT COR	P.			
Principal Place	e of Business	Mailing Address		4 (MA) (MA) (IA (MA) MI) (MA) (A MA)	91 (\$10) (40) (400£ (1) (40)
4520 N MIAMI AVENUE MIAMI FL 33127 US		PO BOX 15405 Miami FL 33101-5405 US		DO NOT WRITE IN THIS SPACE	
\				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		08/31/1995 4. FEI Number	Applied For
21		26		65-()606282	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{(p}	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent
Miranda, Luis				Luis MIRANDA	
4520 NORTH MIAMI AVENUE MIAMI FL 33127				Address (P.O. Box Number is Not Acceptable)	
			83		
			1 1	Poral Galles FL	- 85 Zip Code 4
SIGNATURE	(trans	M		corporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap.	of changing its registered pointment as registered
12.	Signature transfer of Control may What interest age		E Registered Agent signature	required when reinstating) DATE/ ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 48
TITLE	PSD	DELETE	13.	A 40	Addition
NAME	MIRANDA, LUIS		1.2 NAME	MIRANDA, LUIS 1201 Le Peune Rd. #2.	
STREET ADDRESS	4520 NORTH MIAMI AVENUE		1.3 STREET ADDRESS	1201 Le Peune Rd. # 2	14
CITY-ST-ZIP	MIAMI FL 33127		1.4 CITY-ST-ZIP	Corni Gables , FL. 33.	134
TITLE		☐ DEEETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-S1-ZIP		DELETE	4 4 CITY-ST-ZIP		Change 4 ddtu
TITLE		ר ו מנונונ	5.1 THLE		Change Addition
NAME Street Address			5.2 NAME 5.3 STREET ADDRESS		i
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 arminal 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 reporter or truster; employeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or our an adact from the report as required by Chapter 607.

SIGNATURE:

(305) 3/2-8830

FILED

Apr 07 1998 8:00am

Secretary of State