

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000068656 (4)**

1. Corporation Name

EXPORT CONNECTIONS, INC.



Principal Place of Business

**17018 SW 143RD PL
MIAMI FL 33177**

Mailing Address

**17018 SW 143RD PL
MIAMI FL 33177**

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0626276

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAAFFE, LORNA J
17018 SW 143RD PL
MIAMI FL 33177**

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 below in block letters and in full. If not applicable, check box.

Typed Name of Agent and Date of Appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DPT			
	SCHAAFFE, LORNA J			
	17018 SW 143RD PL			
	MIAMI FL 33177			
	DV			
	SCHAAFFE, RUDOLPH			
	17018 SW 143RD PL			
	MIAMI FL 33177			
	DVS			
	GRANT, BARRINGTON			
	16135 SW 107TH CT			
	MIAMI FL 33157			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

LORNA J. SCHAAFFE May 13, 1996 (305)254-7076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)