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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

| | ANNUAL REPORT Secretary of State Division of Corporations | | | | | | | |
|------------------------|--|-----------------------------|---|------------------|---------------|---------------------|---|------|
| DOCUI | MENT # P950 | 0000 | 69404 (| 8) | -, | | | |
| , | EXPORT SERVICES, INC | | | | | | | |
| O IIII | EM OIN OLIMOLO, INC | - | | | | | | |
| Principal Place | of Business | Ma | illing Address | | | | | |
| , | 77TH AVENUE | TVIÇ. | 3095 NW 77TH AVENUE MIAMI FL 33122-1453 | | | | | |
| | 33122-1453 | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1995 | |
| r i ' | ane of Business | F | 2a. Mailing Address | | | | 4. FEI Number Applied For 65-0628034 Not Applied | |
| 21 Suite, Apl. | #. elc. | 26 | Suite, Apt. #, etc. | | | | \$8.75 Additiona | |
| 22 | | 27 | -1 | | | | 5. Certificate of Status Desired Fee Required | |
| City & Stati | 6 | | Orty & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| 23 / Zg) | Country | 28 | Ζ ιρ | Co | untry | / | 8. This corporation has liability for intangible tax under s 199.032, | |
| 24 | 25 | 29 | | 30 | - - | | Florida Statutes Yes No | |
| | 9. Name and Address of Curi | ent Regisi | tered Agent | | 81 | Name | 10. Name and Address of New Registered Agent | |
| DEDE | Z, ESTHER A | | | | | | | |
| | NW 77TH AVENUE | | | | 82 | Street Ad | ldress (P.O. Box Number is Not Acceptable) | |
| | I FL 33122-1453 | | | | 83 | | | |
| | | | | | 84 | City | 85 Zip Code | |
| | | | | | <u></u> | | FL | |
| or register | red agent, or both, in the State of Fi ith, and accept the obligations of, Sc | orida. Such ection 607.0 | i change was authori 0505, Florida Statute | zed by the s. | con | oration's bo | ocration submits this statement for the purpose of changing its registered operand of directors. I hereby accept the appointment as registered agent. I are | n |
| 12. | Signature, Opera di princia na ne otregisti red re OFFICERS A | | | OIE Flogister | | rit signature requi | ired when reinstalling) DATE ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 | • |
| ,010; | D | | DELETE | | TITLE | | Change Additi | ion |
| K4.46 | PEREZ, ESTHER A | | | 12 | NAME | | | |
| STREET ADDRESS | 3095 NW 77TH AVENUE | | | | | f ADDRESS | | |
| City St-ZP | MIAMI FL 33122-1453 | | [] DELFTE | | | ST-ZIP | ☐ Change ☐ Addnt | inn |
| TIME NAME | | | been | | TITLE NAME | | | 1011 |
| STREET ADDRESS | | | | L | | I ADDRESS | | |
| CITY - ST Zer_ | | | | 2.4 | CITY - | ST - ZIP | | |
| THE | | | ☐ DETE 1E | | TITLE | 1 | Change Adduti | ion |
| NAME STREET ADDRESS | | | | l l | NAME | EL ADIORESS | | |
| Olly-SI-ZIP | | | | | | ST-ZIF | | |
| TOLE | | | ☐ DELETE | | TITLE | | Change Addil | ion |
| NAME | | | | 4.2 | NAME | | | |
| STREET ADDRESS | | | | | | I ADDRESS | 500001740105 | |
| City SI-Zin | · · · · · · · · · · · · · · · · · · · | | DELETE | | DITY- | ST-ZIP | 500001740105 -03/12/9601030025 ***200.00 | inn |
| NAME | | | | | NAME | j | ***200.00 | |
| \$18EE1 ACORESS | | | | | | T ADDRESS | | |
| COM ST ZIE | | | | | | ST-ZIP | | |
| 111, F | | | DELETE | 6 1 | THLE | T | ☐ Change ☐ Addit | ion |
| NAME | | | | 6.2 | NAME | | | |

14. I do he-eby 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 chapter 6 or on an attachment with an address.

63 STREFT ADDRESS

SIGNATURE: ✓

STEELL ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR