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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069404 (8)

CMP EXPORT SERVICES, INC.

Principal Place of Business Mailing Address					# 100/1300 170 10504 00114 00111 00117 00114 00114 01116 16414 91014 0017 6104 1001		
3085 NW 77TH MIAMI FL 3312		3095 NW 77TH AVENUE MIAMI FL 33122-1411					
<u> </u>					3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last I 03/11/1996	Report
2. Principal f	Place of Business	2a. Mailing Address	2a. Mailing Address 26		4, FEI Number 65-0628034		pplied For lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	—			CD 76	Additional
22		27			5. Certificate of Status Desired	1 1 '	lequired
City & State		Cily & State	<u>├</u> ─┐ ′		Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country Z ₁ p		Country 30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes		
	g, Name and Address of Curre				10. Name and Address of New Reg	<u> </u>	
PEREZ, ESTHER A				Name			<i>"</i>
3095 NW 77TH AVENUE MIAMI FL 33122-1453			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
MIM	MI FL 00122-1400		83				·
			84	0.4			
•				City	·		Code
Office of t	registereo aguni, or dom, in the Stat	e ot Morida. Such change was	s authorized by	the compara	poration submits this statement for the polition's board of directors. I hereby accept	rpose of changing	its registered
agent. I a	am familiar with, and accept the obliq	gations of, Section 607.0505, I	Florida Statutes		ment sea e er ancolore (moles) decop	. the appointment as	rogiateroa
SIGNATURE	Signature, typod or printed name of registered as	IA) Skupilova II alti bre trut	Off Registered Appr	d signature requ	ired when reinstaing)	DATE	
12.		ND DIRECTORS	13.	ii big laithe reign	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D DELI		1.1 TITLE			☐ Change	Addition
NAME	PEREZ, ESTHER A		1.2 NAME				
STREET ADDRESS	3095 NW 77TH AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122-1453		1.4 CITY - ST	- ZIP			
TITLE		☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET A				
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-\$* 3.1 TITLE	1-7IP		Change	Addition
NAME			3.1 TILE 3.2 NAME			L Change	L Addition
STREET ADDRESS			3.3 STREET /	annerss			
CITY-ST-ZIP			3 4. City-St				
TITLE	DELETE		4.1 THILE	-"		Change	Addition
NAME			4, 2 NAME				-
STREET ADDRESS			4.3 STREE1 A	DDRESS			
CITY-ST-ZIP			4.4 CITY - S1	- ZIF			
TITLE	DELETE		5.1 TITLE	· 1	☐ Change ☐ /		Addition
NAME		•	5.2 NAME				
STREET ADDRESS			5.3 STREET A	ODRESS			
CITY-ST-ZIP	1270)		5.4 CHY-S1	71P			
TOTLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME	-	•		
STREET ADDRESS			6.3 STREET A	DDRESS			

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 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 eath; 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 chapped, or on an attachment with an address.

6.3 STREET ADDRESS

FILED

Jun 09 1997 8:00am

Secretary of State