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

DOCUMENT #
1. Corporation Name P95000069404 (8)

CMP EXPORT SERVICES, INC.

FILED Mar 17 1998 8:00am Secretary of State

	EN OIL OLINIOLO, INO.)
Principal Place of Business Mailing Address					- I FROMFOET AND METER ENVIR COULD BOND OUT ON A	9 <u>94418 1014 01011 9011 0101 1001</u>	
3095 NW 77TH AVENUE		3095 NW 77TH AVENUE				:	
MIAMI FL S		MIAMI FL 33122-1453					
						DO NOT WRITE IN THIS	S SPACE
						3. Date Incorporated or Qualified 09/08/1995	
2. Principal F	Place of Business	28.	Mailing Address			4. FEI Number	Applied For
21		26				65-0628034	Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	· 			Trust Fund Contribution	Added to Fees
Zip	· — ·		Zip Country			8. This corporation owes or has paid the c	
24	25	29	arad Agant	30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent DEDET COTUED A 81 N						10. Name and Address of New Registered	J Agent
PEREZ, ESTHER A					Name		
3095 NW 77TH AVENUE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33122-1453				63		 	
				03			
				84	City	F	85 Zip Code
44 Burguent	to the provisions of Sections 607.05	02 and 60	7 1609 Florido Ctotu	too the about	namad aarr		
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 name of registered ag	soot and title if	and coble	TE: Denistored Age	nl nionaliwa roquis	ired when reinstating) DATE	
12.	OFFICERS AN			13,	ili bigilature requi	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		The state of the s	Change Addition
NAME	NAME PEREZ, ESTHER A			1.2 NAME			-
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122-1453			1.4 CITY - S			
TITLE			DELETE	2.1 TITLE	····		Change Addition
NAME				2.2 NAME	ŀ		-
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2. 4 CITY - S	T-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY- S	T-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME	,			4. 2 NAME			
STREET ADDRESS				4.3 STREET	address		
CITY-ST-ZIP				4.4 CITY-S	-ZIP		
TITLE			DELET E	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST	- 7IP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME	1		
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>			6.4 CITY - ST	- ZIP		

14. I 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 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