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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthari.

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070866 (5)

JIMENEZ IMPORT & EXPORT INC.

FILED May 21 1998 8:00am Secretary of State

ONVICTOR IN OUT & DO OUT AND	•			1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1 68 (1
Principal Place of Business	Mailing Address		I SERVIDEN AND PRINK BANK BEING DOWN DENN BANK	<u> 1861 Basan Ibina dinia Bili 1881</u>
5309 48TH TERRACE N.	5309 48TH TERRACE N.			
ST. PETERSBURG FL 33709	ST. PETERSBURG FL 33	709	DO MOT MIDITE IN TH	110 00 AOE
. **			DO NOT WRITE IN TH	IIS SPACE
1			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·	09/11/1995 4. FEI Number	Applied For
2. Principal Place of Business	26 26		59-3339568	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. <u> </u>		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Z ip Country	Ζφ	Country	8. This corporation owes or has paid the	current year Intangible
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
JIMENEZ, JIMMY		81 Name		
5309 48TH TERR., NORTH		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33709				
		83		
		84 City		85 Zip Code
			<u> </u>	L BS ZIP Code
 Pursuant to the provisions of Sections 607.00 office or registered agent, or both, in the State agent. Lam familial with, and accept the obti- 	i02 and 607.1508, Flori da S tatut le of∡forida. Such chan ce was a	ies, the above-named corp authorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I am familial with, and accept the obli	outlons of Section 607.0505, Flo	orida Statutes.	,,,,,,,,,	1 12 00
SIGNATURE MANY	1. Alluen	Z		-21-78
	gerit ang title / applicative (NO) ND MRECTORS	Hegistered Agent signature requir		AND DIDECTOR IN 10
TITLE BY CYLICERS AL	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME JIMENEZ, JIMMY		1.2 NAME		
STREET ADDRESS 5309 48TH TERR., NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETERSBURG FL 33709	1	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZiP		2. 4 CHY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	#4	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 STHEET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TOTLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		Į
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		
- 4.4. I havebur partiful that the information consulted	with this filing doos not auntifully	or the evenntion stated in	Section 110 07/3Vi) Florida Statutos I furtho	r agetity that the information

14. 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 frustee 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.

CIONATUDE.

(Smene

4-27-98(813)527-5340