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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000072820 (0)

1. Corporation Name
COMMINT IMPORT EXPORT, INC.

Principal Place of Business
~~814 Ponce de Leon Blvd.~~
~~Suite 505~~
~~Coral Gables, Fl. 33134~~

Mailing Address
c/o Ernesto Sanchez P.A.
814 Ponce de Leon Blvd.
Suite 505
Coral Gables, Fl. 33134

3. Date Incorporated or Qualified: 09/20/95
3a. Date of Last Report:

2. Principal Place of Business
21 13461 S.W. 178th St.
Suite, Apt. #, etc.
22
City & State
23 Miami, Fl.
Zip 24 33177 Country 25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0620232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

Sanchez, Ernesto P.A.
814 Ponce de Leon Blvd.
Suite 505
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	VTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	De Moraes, Rodolfo G	1.2 NAME	
STREET ADDRESS	150 Virgilio Tavora Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fortaleza, Ceara, Brazil	1.4 CITY-ST-ZIP	
TYPE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	De Moraes, Joao K	2.2 NAME	
STREET ADDRESS	150 Virgilio Tavora Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fortaleza, Ceara, Brazil	2.4 CITY-ST-ZIP	
TYPE	VS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	McGee, John W.	3.2 NAME	
STREET ADDRESS	801 Brickell Ave., Suite 911	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33131	3.4 CITY-ST-ZIP	
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600002124236
STREET ADDRESS		5.3 STREET ADDRESS	-03/26/97--01002--055
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***8.75
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002124235
STREET ADDRESS		6.3 STREET ADDRESS	-03/26/97--01002--054
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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 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: _____ March 12, 1997 (305) 261-5801 3:25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John W. McGee