

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072820 (0)
 1. Corporation Name
COMMIT 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
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2. Principal Place of Business 21 13461 S.W. 178th St. Suite, Apt. #, etc. 22 City & State 23 Miami, Fl. 24 33177 Country 25 Dade Zip 29 Country 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28
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3. Date Incorporated or Qualified 09/20/95	3a. Date of Last Report
4. FEI Number 65-0620232	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ 83	\$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

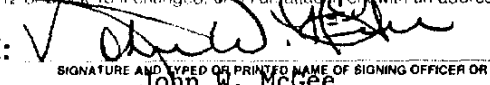
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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	
TITLE VTD ☐ DELETE NAME De Moraes, Rodolfo G STREET ADDRESS 150 Virgilio Tavora Ave. CITY-STATE-ZIP Fortaleza, Ceara, Brazil	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE PD ☐ DELETE NAME De Moraes, Joao K STREET ADDRESS 150 Virgilio Tavora Ave. CITY-STATE-ZIP Fortaleza, Ceara, Brazil	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE VS ☐ DELETE NAME McGee, John W. STREET ADDRESS 801 Brickell Ave., Suite 911 CITY-STATE-ZIP Miami, Fl. 33131	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	☐ Change ☐ Addition	600002124236 -03/26/97--01002--055 ***8.75
TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	☐ Change ☐ Addition	500002124235 -03/26/97--01002--054 ***165.00

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 contained 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. McGee
 March 12, 1997 Date
 (305) 261-5901 3-25 Daytime Phone #

CR2E034 (9/96)