FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90269 005 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000076586

1. Corpora ion Name

OCCIDENTAL DE IMPORTACION USA, INC.

Principal Place of Business			Mailing Address						I (Målfååt tin inint mitti antit a	BIII BBII! 68'II	118818 21181		118 6171 1661
8089 N.W. 67TH STREET			8331 NW 68TH ST										
MIAMI FL 30166			MIAMI FL 33166 US										
									DO NOT WRITE IN THIS SPACE				
									te Incorporated or Qualifed <b>)/06/1995</b>				
2. Principa P	lace of Business	7:	2a. Mailing Address						Number			App i	ed For
21		2	6					65	5-0612112			Not A	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					£ Ca.	difer to of Status Desired		•		ditional
22			27				a. Cer	rtifcate of Status Desired		Fee	Recu	ired	
City & State			City & State				6. Ele	ctio i Campaign Financing		\$5.0	00 м	ay Be	
23			28					Tru	st Fund Contribution		Add	ed to	Fees-
Zip Country			Zip Cou			untry			s corporation owes the cur	rent year In	tangible		
24	25	2:	9	30					rsonal Property Tax.		Yes	[]	]No
	9. Name and Addre	ss of Current Re	gistered Agent					10. Na	me and Address of New	Registered	Ágent		
					81	Name	3						
RUIZ	z, alberto				82	Ctroo	t Addros	6 (B O	Box Number is Not Accept	able)			
8089 N.W. 67TH STREET						52 Street Address			Box Mulliber is Mot Accept	aule)			
MIAMI FL 33166													
												<del></del> -	
					84	City				Fl	_   `	Zip Co	
11. Pursuant	to the provisions of Sε cl	tions 607.0502 and	1 607.1508, Florida Stati	res, the a	oove	-name	d corpora	ation sul	bmits this statement for the	purpose o	f changing	its ra	gistered
office cr n	egistered agent, or <b>p</b> pth. m familiar with, and acce	, in the State of Flo	orida. Such change was of. Section 607.0505. F	authorized lorida Stati	l by i	ne cor	poration:	s board	of cirectors. I hereby acce	pt the appo	inument as	s regis	siereu
	/ //4"								4/2	7 /99	}		į
SIGNATURE	Signature, typed of process and	of registered agent and	itie if applicable. (NO	Th. Registered	Agen	signature	required w			DATE			
12.		FFICERS AND DI	RECTORS	13.				ADD	ITIONS/CHANGES TO O	FICERS A			
TITLE	PSD		☐ DELETE	1,1 (1)	ΓE						Chan	ge	☐ Addition
NAME	CONTRERAS, OMA	\R		1.2 NA	ME								
STREET ADDRE 3S	8331 NW 68TH ST			1.3 ST	REET	ADDRESS	s						
CITY-ST-ZIP	MIAMI FL 33166			14 CI	TY-ST	- ZIP	-						
TITLE	VD		☐ DELETE	2.1 TI	TLE -		T =				☐ Chan	ge	☐ Addition
NAME	RUIZ. ALBERTO			2.2 NA	ME								
STREET ADDRESS	8331 NW 68TH ST					ADDRESS	s						
	MIAMI FL 33166			2 4 C			-						
CITY-ST-ZIP TITLE	MILANI I E GO I GO		☐ DELETE	31 TI	_	1-21	+-		·····		Chan	ige	Addition
			_	32 N/									
NAME		-	_ <del></del> . <del></del>			ADDRESS	9						
STREET ADDRE 3S							~						
CITY-ST-ZIP			□ DELETE	3.4. C	_	1-212	+-				☐ Chan	 iae	Addition
TITLE				4.2 N							_	•	_
NAME						ADDDEO							
STREET ADDRE 3S						ADDRESS	5						
CITY-ST-ZIP			☐ DELETE	4.4 CI		-ZIP	+-				☐ Chan		☐ Addition
TITLE			□ occeie	5.1 TF 5.2 N/							G,idii	3-	
NAME						ADDDCO							
STREET ADDRE 3S						ADDRES:	<b>"</b>						į
CITY-ST-ZIP				5.4 CI		-ZIP				<del></del> -			□ A 44%;
TITLE			☐ DELETE	6.1 TI							Chan	ge	☐ Addition
NAME				6.2 N/									
PERCENT ADDRESS				6.3 ST	REET	ADDRES:	sl						

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attach many with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP