## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## P95000081134 (5) **DOCUMENT #**

Corporation     CAVALI	Name IER IMPORT & EXPORT, I	NC.								
Principal Place of Business		Mailing Address				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1016 NW 124TH TERRACE SUNRISE FL 33323		1016 NW 124TH TERRACE SUNRISE FL 33323								
						ate Incorporated 10/23/1995	or Qualified	3a. Dat	te of Last Re	eport
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4, FEI Number			]]/	Applied For
21		26	<b>+</b>						Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			ertificate of Statu	us Desired			Additional Required
City & State		City & State				lection Campaio	o Financino			·
23			28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Z <sub>i</sub> p				8. This corporation has liability for intangible tax under s 199.032,				
24	[25]	29	30			Florida Statutes 🔲 Yes 💢 No				
	9. Name and Address of Curre	ent Registered Agent		Г		lame and Addr	ess of New	Registered	Agent	
000000	566 MMILIARE		81	Name						
	DSO, WILLIAM		82	Street	Address (P.O.	Box Number is	Not Accepta	ble)		
1016 NW 124TH TERRACE SUNRISE FL 33323			83							
GOMINO	L 1 L 00020		<u></u>							
			B4	City				FL	85 Zıp	p Code
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the corr	named c noration's	corporation sub s board of direc	omits this statem ctors. I hereby a	ent for the pu coept the app	urpose of ch	nanging its r	egistered office Lagent. Lam
SIGNATURE.										
Old Williams	Signature, typeo or printed name of registered ages	••• · · · · · · · · · · · · • · • · • ·		nt signature	required when reinst			DATE		
12.	OFFICERS AF	OFFICERS AND DIRECTORS 1.3				DDITIONS/CHAI	NGES TO OF	the transportation of the state	D DIRECTO	DRS IN 12
TITLE NAME	ORBEGOSO, WILLIAM		1. 1 TITLE	1.2 NAME					[] Change	Magazini
STREET ADDRESS	1016 NW 124TH TERRACE			FADORESS						
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CDY-							
TITLE		DEFETE	2 1 1111						☐ Change	Addition
NAME			2 2 NAME		}				_	
STREET ADDRESS			2 3 STREE	LADDRESS	, }					
CITY-\$1-ZIP			2 4 CITY -	ST - ZIP						
TITLE		[]] DELETE	3 1 THILE						Change	Addition
NAME			3 2 NAME						3	
STREET ADDRESS			33 STREE	I ADDRESS	5				·	
CITY-ST-ZIP		ET DELETE	3.4 CHY-							Fin Address
TITLE		DELETE	4 1 1111LE						Change	Addition
NAME OTOLET ADDRESS			4.2 NAME	. 400011.00						•
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-	FADDRESS						
TITLE		DELETE	5. 1 DILE	31 - ZIF	h				Change	Addition
NAME			5.2 NAME							-
STREET ADDRESS			5.3 STREE	I ADDRESS	;					
CITY - ST - ZIP			5.4 CITY -	\$1-2IP						
THLE	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DELETE	6. 1 TITLE	6. 1 TITLE					Change	Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 \$1R58	I ADDRESS					1	
CHY-S1-ZIP			6.4 CHY-		107.4- 11		. 6	^ ^=//cU: ~		A 1 # .0
certify that oath: that	y certify that the information supplied the information indicated on this an Lam an officer or director of the corp in Block 12 or Block 13 if changed, o	nual report or supplemental and poration or the receiver or truste	nual report is tr se empowered	ue and a	accurate and th	nat my signature	shall have th	e same lega	al effect as i	if made under

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT) 04/29/96

(954) 8460509 Digting Phone #