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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	Secretary of State 996 DIVISION OF CORPORATIONS					DNS						
DOCUN 1. Corporation	MENT #	P9500008	1840	(7)								
•		EXPORT CORPORA	TION	i								
							ļ					
Principal Place of Business			Mailing Address						II u d iii be iii	18 181 11111 1111111111111111111111111		81011 0011 1801
1759 SOUTH DAVIE FL 333		1759 SOUTHWEST 81 AVENUE DAVIE FL 33324						•				
OMFIE FE SS	27	U	NVIC FL 33324				3.	Date Incorporated or	Qualified	3a. Date o	f Last Re	eport
		······································			ď			10/25/1995				
2. Principal Pla	ce of Business	2a. 1	Mailing Addres	5			4.	FEI Number 65-06/7	387	,		Applied For Not Applicable
Suite, Apt. #	, etc.	···	Suite, Apt. #, e	tc.			7	Certificate of Status D				Additional
City & State		[27]	City & State				6.	Election Campaign Fir	nancing			Required May Be
23 Zip	Cou	28	2 ₁₁₀		l olo/			Trust Fund Contribution			Added	to Fees
24	25	29	Zip	30 Cou	· iti y			This corporation has I Florida Statutes	Yes	□No		199.032,
	9. Name and Ad	dress of Current Registe	red Agent		81	Name	10.	Name and Address	of New Ro	egistered A	jent	
THE LAV	V FIRM OF LAWR	ENCE J SPIEGEL CHF	OTD.		82		75	20 TO 11	A 1 - 1 - 1			
343 ALMERIA AVENUE						Street Add	dress (P	O. Box Number is Not	Acceptabl	e) 		
CORAL	Gables FL 33134	•			83							
					84	City				FL	85 Zip	Code
11. Pursuant to	the provisions of Se	ections 607.0502 and 607 the State of Florida. Such	1508, Florida S	Statutes, the abo	ve-n	named corpo	oration s	ubmits this statement	for the pur		Ling its r	egistered office
or registere familiar with	id agent, or both, in t in, and accept the ob	the State of Florida. Such o ligations of, Section 607.0	onange was au 505, Florida St	ithorized by the d atutes.	orpo	oration s boa	ard of di	rectors. I hereby accep	ot the appo	intment as re	egisterea	agent, I am
SIGNATURE _	Signature, typed or printed na	une of registered agent and tile if ap	piicable	(NOTE: Registered	Agen	t signatura requir	red when re	sinstating)		DATE		
12.		OFFICERS AND DIRECT	ORS	13.				ADDITIONS/CHANGE	S TO OFFI			
TITLE	PSTD Ayala, Elsa I	n.c	DELETI								Change	Addition
NAME STREET ADDRESS		/EST 81 AVENUE		12 N/		ADDRESS						•
CITY-ST-ZIP	DAVIE FL 3332			14 CI								
TITLE			DELETI	2 1 T	TLE						Change	Addition
NAME				22 N/								
STREET ADDRESS CITY - ST - ZIP				2 3 SI 2 4 Ci		ADDRESS						
TITLE			DELET			1-217					Change	Addition
NAME				32 N/	ME							
STREET ADDRESS				3.3. \$	TREET	ADDRESS						
CITY - ST - ZIP			F DELET	3 4 C)		1-ZiP					01	F3 1 10%
TITLE			DEL ET								Change	Addition
NAME Street address				4.2 N		ADDRESS						
CITY-ST-ZIP						T - ZIP						
TITLE			☐ DELET								Change	Addition
NAME				5.2 N	AME							
STREET ADDRESS				1		AODRESS						1
CITY-ST-ZIP TITLE			DELET		~~	T-71P					Change	Addition
NAME			C) beech	6.2 N							Sharigo	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 CI								
	certify that the infor	mation supplied with this f	ing is voluntar				for the	exemption stated in Se	ection 119.	07(3)(k), Flori	da Statut	es. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k), 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 to langed, or out an attachagent with an address

GNATURE:

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Dayling Proce #

SIGNATURE: