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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082771 (3)

IMPORTACIONES & EXPORTACIONES BALABAR OVERSEAS.

Principal Place of Business Mailing Address 2121 PONCE DE LEON 2121 PONCE DE LEON SUITE 521 SUITE 521 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 10/25/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 1781 S.W. 129 AVE 1781 SW 129 AVE 65-0617673 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIRAMAR MIRAMAR, FL Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33027 Personal Property Tax due June 30. ☐ Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Balboa, Alfredo 2121 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 521 83 CORAL GABLES FL 33134 84 Zip Code 3302 MIRAMAR_ 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 biligations of, Section 607.0505, Florida Statutes. PRESIDENTE ALFREDO BAUSOA SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change PTD Addition TITLE 1,1 TITLE NAME Balboa, Alfredo 17815W129 AVE 2121 PONCE DE LEON #521 STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR, FL 3 302 CORAL GABLES FL 14 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE vsd 21 TITLE BALBOA, ELENA NAME 2.2 NAME 2121 PONCE DE LEON #521 STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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.

FILED

Jan 22 1998 8:00am

Secretary of State