

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087820 (3)

1. Corporation Name

~~XXXXXXXXXX~~ IMPORT & EXPORT INC.
EYCORP

Principal Place of Business

7930 NW 66TH STREET
MIAMI FL 33166

Mailing Address

7930 NW 66TH STREET
MIAMI FL 33166



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOREIRA, MARTHA
7930 NW 66TH STREET
MIAMI FL 33166

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

4. FET Number

65-6621805

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

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

Signature of person authorized to sign this statement on behalf of the corporation

Signature of Registered Agent (Signature required if changing registered agent)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOREIRA, MARTHA
STREET ADDRESS 1975 W 44TH PLACE #501 A
CITY-ST-ZIP HIALEAH FL 33012

□ DELETE

TITLE TD
NAME GOMEZ, ALFREDO
STREET ADDRESS 7930 NW 66TH STREET
CITY-ST-ZIP MIAMI FL 33166

X DELETE

TITLE V
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

X DELETE

TITLE S
NAME MARTINEZ, OLIVER H
STREET ADDRESS 710 NW 28TH AVE
CITY-ST-ZIP MIAMI FL 33125

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change □ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TD
MIRIAM ALVAREZ
7930 NW 66 ST
MIAMI, FLA 33166

X Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

□ Change □ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

□ Change □ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 if changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

5924272

CR2E034 (12/95)