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

**PROFIT** CORPORATION ANNUAL REPORT



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

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P95000091440 (4)

**DOCUMENT #** 1. Corporation Name

EXPORTS R US INC.

Principal Place of Business Mailing Address



PO BOX 140488 CORAL GABLES FL 33114	PO BOX 140488 Coral Gables FL :	33114		
			3. Date Incorporated or Qualified 3a. D. 11/30/1995	ate of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-6655471	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intangible	tax under s 199.032,
24 25 9. Name and Address of Current F	29	30	Florida Statutes Yes No	
5. Hattle dity Address of Culterit P	registered Agent	81 Name	10. Name and Address of New Registere	o Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		W.	ress (P.O. Box Nymber is Not Acceptable)  NW 15 NV RNW # 8	-910
		84 City M	AMI F	
<ol> <li>Pursuant to the provisions of Sections 607.0502 are or registered agent, or both, in the State of Florida, familiar with, and accept the obligations of, Section</li> </ol>	Such change was authorize	s, the above-named corpored by the corporation's boar	ration submits this statement for the number of a	changing its registered office as registered agent. t am
SIGNATURE: Signature of registered agent and		E: Flegistered Agent signature require	auton sensition	3/96
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE D	☐ DELETE	1. 1 Title		☐ Change ☐ Addition
NAME SEADY, WILLIAM		1.2 NAME		3
STREET ADDRESS 915 NW 1ST AVE., APT 2910		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL. 33136		1.4 CITY - ST - ZIP		
THILE	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST- ZIP	☐ DELETE	2 4 CHY-ST-ZIP 3. 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - ST - ZIP		
TiTLE	☐ DELETE	5. 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CiTY - S1 - ZiP	DELETE	5.4 C(1Y+ST+Z)P		Channe Carrier
		6.1 TITLE		Change  Addition
NAME CARLES ADDOCCO		6.2 NAME		
STREE ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS		
14. I do hereby certify that the information Applied with	this filing is voluntarily furnis	6.4 CiTY-\$1-ZiP shed and does not qualify for	or the exemption stated in Section 119.07(3)(k). F	lorida Statutes. I further

certify that the information indicated on this annual report or supplemental annual report is true 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 challed, or on an attachment with an address.

SIGNATURE:

April 23/96 305.372.9655