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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094027 (6)

C.A. IMPORTING/EXPORTING ENTERPRISES, INC.

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



| Enncapa Frac | e of Business | Mailing Address | | | |
|--|--|---|--|--|--|
| 1414 BLUEBIRI Port St. Luc | | 1414 BLUEBIRD COVE Port St. Lucie Fl 3499 5 | 3-2020 | | |
| | | | | Date Incorporated or Qualified 12/08/1995 | 3n. Date of Last Report 09/04/1996 |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 1 | | 26 | | 65-0626085 | Not Applicab |
| Suite Apt | #. etc | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| | | 27 | | J. Sommodo S. States Dosnos | Fee Required |
| City & Stat | 0 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| L | | 28 | T | Trust Fund Contribution | Added to Fees |
| У ф ∐ | Country | Ζιρ | Country | 8. This corporation has liab firty ' | r inta gible tak under s. 199.032, - ' 's No |
| L | 25 25 Name and Address of Cu | 29 | 30 | Florida Statutes 10. Name and Address of N | |
| 841 11 | | Treff registered Agent | 81 Name | | 3100100013411 |
| | LLIN, JAMES G | 4005 | | | |
| | 3 N.W. BOCA RATON BLVD. | #205 | 82 Street | Address (P.O. Box Number is Not Accepta | able) |
| BUL | CA RATON FL 33431 | | 63 | | 18/4 B11 B11 B11 B11 B11 B11 B11 B11 B11 B1 |
| | | | | | |
| | | | 64 City | | FL 85 Zip Code |
| ¶ Duranant | to the promotions of Sections 607 | 0502 and 607 1608 Florida Statut | es the shove-named | corporation submits this statement for the | |
| office of i | registered agent, or both, in the S | state of Florida. Such change was | authorized by the corp | poration's board of directors. I hereby accompany | ept the appointment as registered |
| agent La | am familiar with, and accept the of | bligations of, Section 607 0505, Fi | orida Statutes. | | - |
| | | | | | |
| GNATURE | 1 | d and the developh (NO) | E. Dagetreed Agent signature | o convirad when rainclating) | DATE |
| | benedie two dier persod ranic et registere. OFFICERS | | E: Registered Agent signature | | DATE ICERS AND DIRECTORS IN 12 |
| 2. | OFFICERS | AND DIRECTORS | 13. | e required when reinstating) ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
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dai reported supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name trianged, or on an attachment with an address.