Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90137 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094517

1. Corporation Name

CITY-ST-ZIP

R. AND A. IMPORT AND EXPORT CORPORATION

5.1.1.1.1.51						-				(1 8 11 1881 18 8 1	
Principal Place of Business Mailing Address						ĺ					
PO BOX 3505		PO BOX 350582	FI 0000F								
FT LAUDERDA	LE PL 33335		FT LAUDERDALE FL 33335 US				DO NOT WRITE IN THIS SPACE				
		00				3	Date Incorporated or Qualifed		 		
							01/01/1996				
2. Principal Place of Business 2a. Mailing Address			ress				FEI Number		Anr	olied For	
21		26				"	65-0721966		+	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #	, etc.			+		\$8.		dditional	
22		27				5.	Certifcate of Status Desired			quired	
City & Sta	ite	City & State				16	Election Campaign Financing	\$5	00	May Be	
23		28				".	Trust Fund Contribution			o Fees	
Zip	Country	Zip	Co	untry	,	T _R	This corporation owes the current year In	tangible			
24	25	29	30			- 1	Personal Property Tax.	Yes	, 1	□No	
	9. Name and Address of C	Surrent Registered Agent		T		10.	Name and Address of New Registered	Agent			
				81	Name						
	vis, robert l			82		(5	NO. 00-10-10-10-10-10-10-10-10-10-10-10-10-1				
1541 NW 51 AVE			02	Street Addre	ddress (P.O. Box Number is Not Acceptable)						
LAU	IDERHILL FL 33313			83							
				L							
				84	City		Fi	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Flor	da Statutes, the	above	L e-named corpo	oration	n submits this statement for the purpose of	- Changin	a its r	registered	
office or	registered agent, or both, in the	State of Florida. Such chan	ige was authorize	ed by	the corporatio	on's bo	pard of directors. I hereby accept the appo	intment a	as reg	istered	
•	am familiar with, and accept the	obligations of, Section 607.	Jouo, Fiorida Sta	lutes	•					•	
SIGNATURE	Signature, typed or printed name of register	ared agent and title if applicable	(NOTE: Renistere	d Aner	nt signature required	d when re	reinstating) DATE				
12.		RS AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	CTOF	RS IN 12	
TITLE	ST	™ D	ELETE 1.1 T	TTLE	1			Cha		Addition	
NAME	LEWIS, ANNA M	·	1.2 N	AME							
STREET ADDRESS	45 44 4841 54 4155		1.3 5	TREET	ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL 33313			OITY-SI	i						
TITLE	P		ELETE 2.1 T				·	Chai	nae	Addition	
NAME	LEWIS, ROBERT L		2.2 N								
STREET ADDRESS	4544 8844 64 8185				T ADDRESS						
	LAUDERHILL FL 33313		1								
CITY-ST-ZIP TITLE	EAGULTITICE I E 33313		2.40 ELETE 3.1 T	CITY-S	1-ZP		•	Char		☐ Addition	
							•		1990	☐ Manno	
NAME			3.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP			- Cha		□ Addition	
TITLE		الا 🗀						Char	nge	☐ Addition	
NAME				NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				TY-ST	r-zip						
TITLE		□ DF	ELETE 5.1 TI		.		•	Char	nge	Addition	
NAME				IAME "							
STREET ADDRESS					FADDRESS		•				
CITY-ST-ZIP				ITY-ST	ſ-ZIP						
TITLE		☐ DF	ELETE 6.1 TO		ļ			Char	nge	☐ Addition	
NAME			6.2 N	AME	1						
			636		ADDDECO						

14. I hereby 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, with all other like empowered.

6.4 CITY-ST-ZIP

954-133-85341