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

P96000011129 (9)

FILED Jan 23 1998 8:00am Secretary of State

COILI	MPORT, INC.				
Principal Plac	on of Business	Mailing Address			
] '	,				·
4612 NW 97TH PLACE 4612 NW 97TH PLACE MIAMI FL 33178 MIAMI FL 33178					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					02/05/1996
2. Principal Place of Business //. 2a. Mailing Address 584			349 114	112 et	
21 S849 NW 112 et Miani FL 33 HB 26 Mian			ame 7	2 33/72	8 65-0638602 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					SS 75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State			-		6. Election Campaign Financing \$5.00 May Be
23	23				Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
Pil	ERNAVIEJA, ANA C		18	Name –	Piemavija, Ana C.
4612 NW 97TH PLACE				2 Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33178					5849 NW 112CE
			[8	3	
			1	4 City	Miamí FL 85 Zip Code
44 -	to the	007 4500 Florido Otolo	Alba ala		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	z and 607.1508, Florida Statu of Florida. Such change was	tes, the abo authorized	ove-named co by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent, I a	am familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statu	tes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		E: Registered /	gent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITL	- 1	Change Addition
NAME	PIERNAVIEJA, ANA C	<u></u>	1.2 NAN		
STREET ADDRESS	4612 NW 97TH PLACE				rolla mu 112 Pf
	MIAMI FL 33178			-ST-ZIP	5849 NW 112 Ct Mianu FL 33178
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TITL		Change Addition
NAME	LERMA, JULIO	<u></u>	2,2 NAM	i	
1	4612 NW 97TH PLACE			ET ADDRESS	
STREET ADDRESS	MIAMI FL 33178				
CITY-ST-ZIP TITLE	WIAWII L 33176	DELETE	3.1 TITL	r-ST-ZIP	Change Addition
NAME		_ 522216	3.2 NAME		— crange — Magnon
STREET ADDRESS				ET ADDRESS	
,				·-]	
CITY-ST-ZIP		☐ DELETE	4.1 TITL	'-ST-ZIP	☐ Change ☐ Addition
NAME			4. 2 NAM		Criange roomon
STREET ADDRESS				ET ADDRESS	
				-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Addition
NAME			5.2 NAM		Change Habitan
			1	1	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.4 C/TY 6.1 T/TU		☐ Change ☐ AdditIon
					The complete the properties of
NAME			5.2 NAM		
STREET ADORESS CITY-ST-ZIP				ET ADDRESS	
			E CARITY	-ST-ZIP	

Indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, 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: