

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$1.00**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000016956 (0)**  
1. Corporation Name  
**EXPORT INTERNATIONAL, F.L. CORP.**



Principal Place of Business  
**5512 NW 72 AVE  
MIAMI FL 33166**

Mailing Address  
**5512 NW 72 AVE  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City
24	Country	29	Zip
25		30	City

3. Date Incorporated or Qualified  
**02/23/1996**

4. FEI Number  
**65-0643425**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LOPEZ, FRANCISCO  
5512 NW 72 AVE  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

11 Name

12 Street Address (P.O. Box Number is Not Acceptable)

13

14 City **FL** 15 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOPEZ, FRANCISCO	
STREET ADDRESS	5512 N.W. 72 AVE	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOPEZ, CONSTANZA	
STREET ADDRESS	5512 NW 72 AVE	
CITY- ST- ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**800002635638--8**  
**-09/09/98--01067--024**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**9-1-98**

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 supplementary 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0234166

CR2E034 (10/97)