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

PROFIT CORPORATION ANNUAL REPORT 1998"



FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham 🤈

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 'P96000017241 (6)

PORTOFINO IMPORT & EXPORT INC.

Principal Place of Business

441 NE 119ST

Mailing Address

441 NF 119ST

FILED Apr 24 1998 8:00am Secretary of State



MIAMI FL 33161		MIAMI FL 33161				
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address			02/23/1996	
21 Pillicipal F	Tace of business			4. FEI Number	Applied For	
Suite, Apt. #. etc.		26 Suite, Apt. #, etc.		65-0646477	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	6	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country	,	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
	ARCIA, JOSE F		81	Name		
441	1 NE 11981		82 Street Add		dress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33161		83			
			84			loc I 7- Code
			ı	' '	FL	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agont, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statu If Florida Such change was ions of, Section 607.0505, Fl	tes, the above authorized by orida Statute	e-named o the corpo	corporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE						
12.	Signature, typical or printed fractic of registered agent OFFTICE RS AND		IF: Registered Age	ent signature n	equired when reinstaturg) DATE	D DIDECTORO III 40
TITLE	DE HOLKS AND	DELETE	1,1 TITLE	Γ	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	GARCIA, JOSE F	- ottett				C Cusude T Manigon
STREET ADDRESS	441 NE 119ST		1.2 NAME 1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY - S			
TITLE	V	DELETE	2 1 TITLE	11 - ZIP		Change X Addition
NAME	ROSTREPO, MANUEL	•••	2.2 NAME		Ingrid Rodriguez Garcia	
STREET ADDRESS	441 NE 119ST		2.3 STREET	ADDRESS	441 N.E. 119st.	
CITY-ST-ZIP	MIAMI FL 33161		2.4 CITY-5	- 1	Miami, FL. 33161	
TITLE	Treasurer	DELETE	3.1 TILLE	51-211	Treasurer	☐ Change ☑ Addition
NAME	Manuel Rostrepo		3.2 NAME		Manuel Rostrepo	_ , **
STREET ADDRESS	441 NE 119st.		3.3 STREE 1	ADORESS	441 NE 119st.	
CITY-ST-ZIP	Miami, FL. 33161		3.4 CITY-5		Miami, FL. 33161	
TITLE	HEARITY-POI - 33101	DELETE	4.1 TITLE		ritamijin. 33171	Change Addition
NAME			4. 2 NAME	- 1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5 1 THILE			Change Addition
NAME			5.2 NAME			45 I
STREET ADDRESS			53 STREET	ADDRESS		11,711
CITY-ST-ZIP			5.4 CITY - S	I - ZIP		4.24
TITLE,		☐ DELETE	6.1 TITLE		000002499 9 -04/24/98010830	
NAME			6.2 NAME			11
STREET ADDRESS			6.3 STREE1	ADDRESS	***150.00	<i>'</i>
CITY-ST-ZIP			6.4 CITY - S	1-7IP		

Thereby certify that the information supplied with this filling 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