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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000035022 (8)

1. Corporation Name
L.A. IMPORT & EXPORT, INC.



Principal Place of Business

831 NW 19 AVE
MIAMI FL 33125

Mailing Address

831 NW 19 AVE
MIAMI FL 33125-3528

3. Date Incorporated or Qualified
04/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 3359 N.W. 67 ST
Suite, Apt. #, etc.

22 City & State
MIAMI, FL 33147

24 33147
Zip

25 Dade
Country

2a. Mailing Address

26 3359 NW 67 ST
Suite, Apt. #, etc.

27 City & State
MIAMI, FL 33147

29 33147
Zip

30 Dade
Country

4. FEI Number

63-0694918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HABER, RONALD
1370 NW 18 STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Print name, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CUELLAR, MARIA
STREET ADDRESS 831 NW 19 AVE
CITY- ST- ZIP MIAMI FL 33125

TITLE D
NAME DIAZ, YANIRA
STREET ADDRESS 831 NW 19 AVE
CITY- ST- ZIP MIAMI FL 33125

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S
1.2 NAME
1.3 STREET ADDRESS 3359 NW 67 ST
1.4 CITY- ST- ZIP Miami, FL 33147

2.1 TITLE V/T
2.2 NAME DOMINGO L. NAVARRO
2.3 STREET ADDRESS 3359 NW 67 ST
2.4 CITY- ST- ZIP MIAMI, FL 33147

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:

Maria V. Cuellar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97
Date

(305) 696-2295
Daytime Phone #

0163677

CR2E034 (9/96)