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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000037645 (4)

MIAEXPORT CORP.

Principal Place		Mailing Address * ROTH MILNE & ROUSSO					
9350 S. DIXIE H	IIGHWAY PH2	9350 S. DIXIE HIGHWAY PH2 MIAMI FL 33156-2945					
				i	3. Date incorporated or Qualified 05/01/1996	3a. Date	of Last Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		/4 // 9553		Applied For
21		26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ROTH, LEONARD A 9350 SOUTH DIXIE HIGHWAY PENTHOUSE TWO				Name Street Addres	ame reet Address (P.O. Box Number is Not Acceptable)		
I MIAM	II FL 33156		83				

City 85 Zip Code 11. Pursuant to the physicions 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 Shite of Florida Such thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tenthal with, and accept the obligations in Section 60, 2006. Florida Statutes. **SIGNATURE** (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. II TOTALIA Change Addition TITLE 1.1 11110 CAIRO, ALEJANDRO NAME 1.2 NAME 4851 N.W. 99TH COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP 14 CHY-S1-7P DELETE Change Addition TITLE 2.1 IIILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-ST-ZIP DELFTE Change Addition TITLE 3 1 11111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P TITLE DEFFE 4.111111 Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHTY - ST - ZIP

14. I do hereby certify that the information supplied with this tring 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 togal effect as if made under eath; 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 charged or on an attach on the with an address.

FII FD

Feb 10 1997 8:00am

Secretary of State