FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
97 JUN 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000044653 (9)**

1. Corporation Name
EXPORT HOUSE, CORP.

65-0674853

Principal Place of Business	Mailing Address
~~6863 S.W. 40 STREET, SUITE 110~~ ~~MIAMI FL 33155~~ 2070 NW 79 AVE #205 MIAMI FL 33126	~~6863 S.W. 40 STREET, SUITE 110~~ ~~MIAMI FL 33155-0707~~ 2070 NW 79 AVE Nº 205 MIAMI FL 33126

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2070 NW 79 AVE	26 2070 NW 79 AVE	05/24/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 205	27 205	~~65-0674853~~	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
23 MIAMI FL	28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	
24 33126 / 25 USA	29 33126 / 30 USA		

9. Name and Address of Current Registered Agent

DE ARMAS, LUZ E
~~6863 S.W. 40 STREET, SUITE 110~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name de ARMAS LUZ E
82 Street Address (P.O. Box Number is Not Acceptable) 2070 NW 79 AVE Nº 205
83 ~~MAILING~~
84 City MIAMI **FL** 85 Zip Code 33126

11. Pursuant to the provisions of Section 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 LUZ E de ARMAS PD 03-03-97
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE ARMAS, LUZ E ~~6863 S.W. 40 STREET, SUITE 110~~ ~~MIAMI FL 33155~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD DE ARMAS LUZ E 2070 NW 79 AVE #205 MIAMI FL 33126 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	500002224319-06/26/97--01104--007 ****173.75 ****173.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 if changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED