

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

PRISMA IMPORT & EXPORT, INC

Principal Place of Business

Mailing Address

11 N.W. 16th St, Box #8
POMPANO BEACH, FL 33060-5250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JUNE, 14 1996

2. Principal Place of Business

2a. Mailing Address

21 11 NW 16th St

26 11 N.W. 16th St

4. FEI Number

65-0676519

Applied For

Not Applicable

22 Suite, Apt. #, etc

22 BOX #8

27 Suite, Apt. #, etc

27 BOX #8

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

23 POMPANO BEACH, FL

28 City & State

28 POMPANO BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

24 33060

25 Country

25 BROWARD

29 Zip

29 33060-5250

30 Country

30 BROWARD

8. 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

10. Name and Address of New Registered Agent

CLAUDIO N. OLIVA
11740 NW 35 ST.
SUNRISE, FL 33323

81 Name

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

83

300002553853-6

84 City

06/09/98-01124-015

***150.00

***150.00

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

[Signature]

CLAUDIO N. OLIVA TREAS.

6-2-98

(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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

PRESIDENT/DIR
WELTON MADRURA
1241 N. DIXIE HWY #4
POMPANO BEACH, FL 33060

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TREASURER/DIR
CLAUDIO N. OLIVA
11740 NW 35 ST
SUNRISE FL 33323

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

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 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: CLAUDIO N. OLIVA TREASURER/DIRECTOR

4/28/98 954 5570392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/97)