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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055871

ERA IMPORT & EXPORT, INC.

Principal Place of Business	Principal		Business
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Mailing Address

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90051 044 ***150.00



6430 METRO WEST BLVD. #502 6430 METRO WEST BLVD. #502 ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1996 2a. Mailing Address 26 7520 4. FEI Number Applied For 2. Principal Place of Business 59-3395332 REPUBLIC DR. Not Applicable 7520 REPUBLIC 26 Suite, Apt. #, etc. 20 1 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State П OR IANDO Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible 2819 □No Personal Property Tax. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRUMER, BARRY N ESQ Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD. #230 ORLANDO FL 32819 83 Zip Code 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 11 TITLE TITLE GENTIL, RICARDO A 1.2 NAME NAME 6430 METRO WEST BLVD. #502 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIF 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 of suppliemental 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 comparison 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 cha with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OR DIRECTOR

CR2E034 (11/98)