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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

TITLE

NAME STREET AODRESS

TITLE

NAME

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

P96000057706

3D' Import & Export Corp.

Principal Place of Business Mailing Address 121 S. E. 1 Street

121 S. E. 1 Street

98 DEC -2 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

300002705103--3 -12/07/98--01149--004_ *****61.25 *****61.25

Suit	e 610	Suite 610 Miami, Florida 33131		DO NOT WRITE IN THIS SPACE		
Miam	i, Florida 33131			3. Date Incorporated or Qualified 07-09-96		
	lace of Business	2a, Mailing Address		4. FE! Number	Applied For	
21 121	S. E. 1 Street	26 121 S. E.	1 Street	65-0684045	Not Applicable	
4.4	e 610	Suite, Apt. #, etc. Suite 610		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	
	<u>i, Florida 33121</u>	28 Miami, Flo		Trust Fund Contribution	Added to Fees	
Zip 24 331	Country 21 25 Dade	Zip 29 33121 30	Country	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible I Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	Agent	
Lope	Lopes, Janaina Willians Timotheo De Almeida					
9521	9521 Fountainbleau Blvd 82 Street Address (P.O. Box Number is Not Acceptable)					
# 10	8		83	_5445 Collins Avenue #	† 1214 ——	
Miami, Florida 33172						
				iami Beach FL	85 Zip Code 33141	
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m (agniliar with, and accept the obligation	Florida, Such change was auth	norized by the corpora	reporation submits this statement for the purpose of ation's board of directors. I hereby accept the apporation's	changing its registered intment as registered	
SIGNATURE	200			neo De Almeida 11-3	0-98	
	Signature, typed or printed name of registered again.		egistered Agent signature requ			
12.	ÓFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSD	XX DELETE		- 0.0	Change A-Addition	
NAME	Lopes, Janaina			Willians Timotheo De A		
STREET ADDRESS				5445 Collins Avenue #		
CITY-ST-ZIP	Miami, Florida 3	3172		<u>Miami Beach, Florida 3</u>		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2 2 NAME			
STREET ADDRESS	DDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		☐ DELĒTE	3.1 TITLE		☐ Change ☐ Addition	

3 2 NAME

4.1 TITLE

4 2 NAME

51 TITLE 5.2 NAME

6 1 TITLE

6.2 NAME 63 STREET ADDRESS

DELETE

DELETE

DELETE

3 3 STREET ADDRESS

4 3 STREET ADDRESS 4.4 CITY - ST- ZIP

5 3 STREET ADDRESS

5 4 CITY - ST- ZIP

34 CITY-ST-ZIP

CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify on 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:

Willians Timotheo De Almeida President TEO NAME OF SIGNING OFFICER OR DIRECTOR

(305)<u>358</u>–6622

☐ Change

Change

Change

Addition

Addition

Addition