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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000067635 (8)

CAVAU EXPORT, INC.

FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7211 SW 149 CT 7211 SW 149 CT MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0687812 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes No. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REYES, CARLOS J 200 SE 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 83 Zip Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE NAME CAVALLINI. AUGUSTO 1.2 NAME 7211 SW 149 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ZALDUA PATRICIA ZALOWA PATRICIAT / IAIPORDIZO 2.2 NAME NAME 7211 S.W. 149 CT. STREET ADDRESS 2.3 STREET ADDRESS Miami fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP ■ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 employed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or plan attachment with an address.