

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000068614 (2) 1. Corporation Name P.R.K IMPORT & EXPORT INC.			
Principal Place of Business 847 N.W. 119TH ST. #205 MIAMI FL 33168		Mailing Address 847 N.W. 119TH ST. #205 MIAMI FL 33168-2336	
2. Principal Place of Business 21 10250 N.W. 47th St. Suite, Apt. #, etc. 22 City & State 23 Sunrise, FL Zip Country 24 33351 25 U.S.		2a. Mailing Address 26 10250 N.W. 47th St. Suite, Apt. #, etc. 27 City & State 28 Sunrise, FL Zip Country 29 33351 30 U.S.	
9. Name and Address of Current Registered Agent SOLSOL, O L ORENA 847 N.W. 119TH ST. #205 MIAMI FL 33168		10. Name and Address of New Registered Agent 31 Name Jason A. Swartzwelder 32 Street Address (P.O. Box Number is Not Acceptable) 10250 N.W. 47th St. 33 34 City Sunrise FL 35 Zip Code 33351	
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 Jason A. Swartzwelder 4/17/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PSTD <input type="checkbox"/> DELETE NAME NETO, FERMINO M STREET ADDRESS 847 N.W. 119TH ST. #205 CITY-ST-ZIP MIAMI FL 33168 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 10250 N.W. 47th St. 1.4 CITY-ST-ZIP Sunrise, FL 33351 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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: Ferminio M. Neto 04/17/1997 954-7477200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)