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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	JMENT # P960 R IMPORT-EXPORT CORP	•	)	 	 
Oringia at Dia	on of Punimons	Molling Addison			
	ce of Business	Mailing Address			
3601 SW 11 208	17 AYE	3601 SW 117 AVE 208			
		MIAMI FL 33165		DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualified	
				08/21/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		26 Suite, Apt. #, etc.		65-0687865	Not Applicable
	<del></del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	<del></del>
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	—— <del>/</del> ———
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
	OSA, RUI C		81 Name		
	601 SW 117 AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
М	IIAMI FL 33165		<b> </b>		
			83		
			84 City		85 Zip Code
				poration submits this statement for the purpose	<del></del>
SIGNATURE	Signature, typed or printed name of registers	d agent and title if applicable (NO AND DIRECTORS	TE: Registered Agent signature requi	DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSA, RUI C		1.2 NAME		
STREET ADDRESS	1 333 331 331 331		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	DELETE	1.4 CITY - ST - ZIP		The same of the same of
TITLE	D DOCA MADIA M	Uttere	2.1 TITLE		Change Addition
NAME STREET ADDRESS	ROSA, MARIA M 3601 SW 117 AVE.		2.2 NAME		
	MIAMI FL 33165		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	INFARITE SO TOO	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<b></b>		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<del>                                     </del>	DELETE	5.4 CfTY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DECEIE	6.1 TITLE		
NAME OTHER LINDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information according	d with this filing does not qualify t	6.4 CitY-St-ZIP	Section 119.07(3)(i). Florida Statutes, I further of	ortify that the information

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 informatio 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 oranged or or an attachment with an address.