

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, NO AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086586 (0)

1. Corporation Name

MOBIL-MIA IMPORT & EXPORT, INC.

Principal Place of Business

440 SANTANDER AVENUE  
CORAL GABLES FL 33134

Mailing Address

440 SANTANDER AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business

21 95 Warehouse

2a. Mailing Address

28 440 SANTANDER AV.

22 2401 SW 31st Bldg A12

27 Suite Apt. #, etc.

29 AP 2

23 Broward, FL

28 Coral Gables FL

24 33009

25 USA

28 33134

30 USA

3. Name and Address of Current Registered Agent

MENJIVAR, OSCAR  
440 SANTANDER AVENUE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

3a. Date of Last Report

4. FEI Number

65 07 062 08

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

MENJIVAR, OSCAR

82 Street Address (P.O. Box Number is Not Acceptable)

440 SANTANDER AV.

83

84

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD  
STREET ADDRESS MENJIVAR, OSCAR  
CITY-ST-ZIP 440 SANTANDER AVENUE  
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME VD  
STREET ADDRESS TOMASINO, FRANK  
CITY-ST-ZIP 2655 LE LEUNE ROAD STE 615  
CORAL GABLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME MENJIVAR, OSCAR

1.3 STREET ADDRESS 440 SANTANDER AVENUE AP. 2

1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002303556

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\*\*\*550.00

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 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 am 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, on an attachment to this report.

SIGNATURE:

3 29 97 954 894 7171