


FILED

May 12 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Condra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000088518 1. Corporation Name ANDRES ALBUQUERQUE IMPORTS CO.					
Principal Place of Business 3235 Southwest 94 Ct. Miami FL 33165			Mailing Address 3235 Southwest 94 Ct. Miami Fl 33165		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 6800 S.W. 40TH ST. Suite. Apt. #, etc. SUITE 279 City & State MIAMI FL Zip 33155 Country USA			3. Date Incorporated or Qualified 10/28/96		
2a. Mailing Address 3235 SOUTHWEST 94 CT. Suite. Apt. #, etc. City & State MIAMI FL Zip 33165 Country			4. FEI Number 65-0710652		
8. Name and Address of Current Registered Agent AMERILAWYER 343 Almeria Avenue Coral Gables FL 33134			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DPT <input type="checkbox"/> DELETE NAME Albuquerque, Andres R STREET ADDRESS 3235 SW 94 Ct. CITY - ST - ZIP Miami FL 33165			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE DS <input type="checkbox"/> DELETE NAME Faggionato, Tamara STREET ADDRESS 3235 SW 94 Ct. CITY - ST - ZIP Miami FL 33165			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
			70000252446 <input type="checkbox"/> Addition -05/15/98-01004-016 ***150.00		
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			16 April 1998 <small>DATE</small>		

CR2E034 (10/97)