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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091171

1. Corporation AJEA EX	PORT & IMPORT INC.	031171				
Principal Place	of Business	Mailing Address			() DE () DA () () () () () () () () () ((1990) //0/ //0/
% JAROMIR GARCIA % JAROMIR GARCIA						
5555 NW 74 AVE 5555 NW 74 AVE					DO NOT WRITE IN THIS SPACE	
MIAMI FL 33166 MIAMI FL 33166					3. Date Incorporated or Qualifed	
					11/06/1996	
2. Principal Place of Business 2a. Mailing Address				1	oplied For	
26				00 0100210	ot Applicable	
Suite, Apt. #, etc.				i E Cartifecto of Status Desired	Additional equired	
22 27 27 27 27 27 27 27 27 27 27 27 27 2					·	
City & State C 23 28		City & State	Sity & State			May Be to Fees
Zip 24	Zip Country Zip 25 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax.	□No
2-4]	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
			81	Name		
GARCIA, JAROMIR			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
% 5555 NW 74 AVE			83			
MIAMI FL 33166						
			84	1	FL	Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliging Signature, typed or printed name of registered age			_	orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GARCIA, ANA		1.2 NAME	İ		i
STREET ADDRESS	~ 5555		1.3 STREE	TADDRESS		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		□ Addition
TITLE			2.1 TITLE		Change	Addition
NAME	3 4 10 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.2 NAME]
STREET ADDRESS				TADDRESS	-	ĺ
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	☐ Change	Addition
TITLE			3.1 TITLE		Change	
NAME			3.2 NAME			,
STREET ADDRESS	ı		1	TADDRESS		
CTTY-ST-ZIP			3.4. CITY-S	SY-ZIP	☐ Change	Addition
TITLE			4.1 TITLE 4. 2 NAME			
NAME				TADDRESS	•	
STREET ADDRESS	•••[4.3 STREE	i		
CITY-ST-ZIP		DELETE	5.1 TITLE	11-21	☐ Change	Addition
NAME	_ _		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	1 ADDRESS		5.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME ;			6.2 NAME			
			6.3 STREE	T ADDRESS		ł

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 effect 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, with all other like empowered.

SIGNATURE:

MATURY AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

4-21-89

308-882-8390

Daytime

CR2E034 (11/98)