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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 28 1997 8:00am Secretary of State

DOCUMENT #	P96000097213	(8)

READY EXPORT CO.

Principal Place	of Business	Mailing Address			INCHE CANTO CARDON COURT CONTRACT CON CARD
8976 TAFT STREET, UNIT 9 AT PINE LAKES PLAZA PEMBROKE PINES FL 33024 8976 TAFT STREET, UNIT 9 AT PINE LAKES PLAZA PEMBROKE PINES FL 33024		013			
PEMBRUAC FIRE	to ft water	TEMOTIONE TIMES TE MOEY T	O43	3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0711325	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7(p	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current	29 30	<u> </u>	Florida Statutes 10. Name and Address of New Reg	Yes No.
45424		PH S. LAMIA, CPA,	/n 81 Name 1		- 4
	rilawyer Chartered Jose Almeria Avenue	IN 3. CHIM, CIN,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SEPH S. LANIA C.1	, · · · · · · · · · · · · · · · · · · ·
	AL GABLES FL 33134		82 Street Addr	ress (P.O. Box Number is Not Acceptable	θ)
OON	AL GADELO I E 00/04		83		
			84 City ()		85 Zip Code
			84 City PEM	BROKE PINES	FL 85 Zip Code 764
11. Pursuant t	a the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above-named corr	poration submits this statement for the prition's board of directors. I hereby accep	urpose of changing its registered
office or re agent. Lar	egistered agent, or both, in the state of mylimiliar with, and accept the obligation	ons of Section 607.0505, Floric	nonzed by the corporal ia Statutes.	lion's board of directors. Thereby accep	t the appointment as registered
SIGNATURE	Low Lande 14	Joseph S. Lan	MA CPA, I.A.	03/2	4 97
	Sy nature Typed or printed name of registured agent		<u> </u>	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 12
12.	PSD OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME:	REYNOSO, RAFAEL		12 NAME		
STREET AODRESS	8976 TAFT STREET, UNIT 9		1 3 STREET ADORESS		
CHY-SI-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP		
HILE	VD	DELETE	21 TITLE		Change Addition
NAME	GOMEZ, JOSE F		2.2 NAME		
STREET ADDRESS	8976 TAFT STREET, UNIT 9		2.3 STREET ADDRESS		1
City-St-7iP	PEMBROKE PINES FL 33024		2. 4 CITY - ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		Change Addition
NAME	REYNOSO, JOSEFINA M	İ	3.2 NAME		
STREET ADDRESS	8976 TAFT STREET, UNIT 9 PEMBROKE PINES FL 33024		3.3 STREET ADDRESS		
CHY+SI+ZIP	V	DELETE	3.4. CITY-ST-ZIP	······································	Change Addition
TITLE NAME	FUENTES, E nilio ASS.	(Decert	4. 2 NAME		
STREET ADDRESS	8976 TAFT STREET, UNIT 9		4.3 STREET ADDRESS		
CHTY+ST ZIP	PEMBROKE PINES FL 33024	ļ	4.4 CITY-ST-ZIP		
THILE		DELETE	5.1 TITLE	4, 40 (41) (41)	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST - ZIP	4.10.		5.4 CITY - ST - ZIP		
1011		☐ DELĒTE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STHEE! ADDRESS			6.3 STREET ADDRESS		
CHY-SI-ZIP	an explify that the intermedian amounted	with this filing does not audifu-	6.4 City-St-ZiP	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
14, LOO DEFE	уу салигу инал ине ингоптицион вирриест	with the mind does not doging i	recting everybrious states	a in phonon in about office a found organie.	or common going man trio

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I), Florida Statues. Ffurther 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 affection of the corporation of 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 of the corporation of 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 of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

SIGNATURE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTO

03/21/97 (954) 431-10