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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000097488 (6)

1. Corporation Name
FOX IMPORT & EXPORT CORP.

Principal Place of Business	Mailing Address
7730 BYRON AVENUE SUITE 03 MIAMI BEACH FL 33141	7730 BYRON AVENUE SUITE 03 MIAMI BEACH FL 33141-2365

3. Date Incorporated or Qualified: 11/25/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1454 NW 21ST STREET
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33142 Country 25 US

2a. Mailing Address
26 7730 BYRON AVENUE
Suite, Apt. #, etc.
27 SUITE #03
City & State
28 MIAMI BEACH, FL
Zip 29 33141 Country 30 US

4. FEI Number: 65-0709539 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCHI, NESTOR F
7730 BYRON AVENUE
SUITE 03
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: GIL CARVALHO
82 Street Address (P.O. Box Number is Not Acceptable): 7730 BYRON AVENUE,
83 SUITE # 03
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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: Gil Carvalho — 3/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCHI, NESTOR F 7730 BYRON AVENUE, #03 MIAMI BEACH FL 33141	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARVALHO, GIL 7730 BYRON AVENUE, #03 MIAMI BEACH FL 33141	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACHADO, MARCOS 7925 CARLYLE AVENUE, #203 MIAMI BEACH FL 33141	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: Gil Carvalho — 3/28/97 — (305) 868-3363