

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000097488 (6)**

1. Corporation Name  
**FOX IMPORT & EXPORT CORP.**



Principal Place of Business <b>1454 NW 21 ST MIAMI FL 33142 US</b>	Mailing Address <b>7730 BYRON AVENUE SUITE 03 MIAMI BEACH FL 33141 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 7730 Byron Ave.</b>		3. Date Incorporated or Qualified <b>11/25/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27 Ste. # 04</b>		4. FEI Number <b>65-0709539</b>	
City & State <b>23</b>		City & State <b>28 Miami Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29 33141</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARVALHO, GIL 7730 BYRON AVENUE SUITE 03 SUITE 04 MIAMI BEACH FL 33141</b>				10. Name and Address of New Registered Agent	
				81 Name <b>GIL Carvalho</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7730 Byron Avenue</b>	
				83 Apt. # <b>04</b>	
				84 City <b>Miami Beach</b> FL <b>85 33141</b>	

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 **X** **3/12/98**  
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 <b>D</b> <input checked="" type="checkbox"/> DELETE				1.1 TITLE <b>X</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>MARCHI, NESTOR F</b>				1.2 NAME <b>- Blank -</b>			
STREET ADDRESS <b>7730 BYRON AVENUE, #03</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>				1.4 CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> DELETE				2.1 TITLE <b>D P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>CARVALHO, GIL</b>				2.2 NAME <b>Carvalho, Gil</b>			
STREET ADDRESS <b>7730 BYRON AVENUE, #03</b>				2.3 STREET ADDRESS <b>7730 Byron Ave. #04</b>			
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>				2.4 CITY-ST-ZIP <b>Miami Beach, FL 33141</b>			
TITLE <b>D</b> <input type="checkbox"/> DELETE				3.1 TITLE			
NAME <b>MACHADO, MARCOS</b>				3.2 NAME			
STREET ADDRESS <b>7925 CARLYLE AVENUE, #203</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>				3.4 CITY-ST-ZIP <b>D VP</b>			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <b>Luiz Felipe Souto</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				4.2 NAME <b>8250 N.W. 10th St. #9</b>			
STREET ADDRESS				4.3 STREET ADDRESS <b>Miami, FL 33126</b>			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, upon an attachment with an address.

SIGNATURE: **X** **3/12/98** (305) 864-2395  
Signature and typed or printed name of signing officer or director Date Dwtline Phone # 0201404

CFR0034 (10/97)