


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90079 042 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P97000008266</b>			
1. Corporation Name <b>MANIC EXPORT CORPORATION</b>			
Principal Place of Business <b>8205 S.W. 116 TERRACE</b> <b>MIAMI FL 33156</b>		Mailing Address <b>8205 S.W. 116 TERRACE</b> <b>MIAMI FL 33156</b>	
2. Principal Place of Business 21 <b>8210 S.W. 116 TERRACE</b>		2a. Mailing Address 26 <b>8210 S.W. 116 TERRACE</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>MIAMI FLA.</b>		City & State 28 <b>MIAMI FLA.</b>	
Zip 24 <b>33156</b>		Country 25 <b>MIAMI DGE</b>	
Country 29 <b>33156</b>		Zip 30 <b>MIAMI DGE</b>	
9. Name and Address of Current Registered Agent <b>OBANDO, OSCAR G</b> <b>8205 S.W. 116 TERRACE</b> <b>MIAMI FL 33156</b>		10. Name and Address of New Registered Agent 81 Name <b>OBANDO, OSCAR G.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8210 S.W. 116 TERRACE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33156</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 provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ 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	<b>PT</b> <b>OBANDO, OSCAR</b> <b>8205 SW 116 TERR</b> <b>MIAMI FL 33156</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>OBANDO, EDDA</b> <b>8205 SW 166 TERR</b> <b>MIAMI FL 33156</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**OSCAR G. OBANDO PRESIDENT. APR/30/99**

Date

Daytime Phone #

CR2E034 (11/98)