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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018490

1. Corporation Name

	EXPORT & IMPORT, INC.							
Principal Place	e of Business	Mailing Address				T EEDITAUT TO ABIT TROUT ADULT ADULT	4011F 40101 11801 18161 D1011	1901 BUH 1001
6501 NW 36TH ST 6501 NW 36TH ST								
390 390						DO NOT WRITE	IN THIS SDACE	
VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL 3316 US US						Date Incorporated or Qualifed	IN THIS SPACE	
US		US				02/27/1997		
2 Oringinal Pl	lace of Business	2a. Mailing Addres				4. FEI Number	An	plied For
— ·	lace of pasificss	26	,3			65-0736041	⊢	ot Applicable
Suite, Apt.	#, etc	Suite, Apt #, e	etc				_, \$8.75	Additional
22		27				Certificate of Status Desired	Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip		Country		This corporation owes the current		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Reg	gistered Agent	
1 IMA	A, ALEXANDRE			61	Name			
	SW 107TH AVE., STE. 112			82 Street		dress (P.O. Box Number is Not Acceptable	e)	
	MI FL 33173			83				
	M 1 2 00 11 0							
				84	City		FL 85 Zip	Code
44 Purament	to the provisions of Sections 607 (3502 and 607 1508. Florida	Statutes t	he above	e-named cor	poration submits this statement for the pu	rpose of changing its	registered
l office or re	registered agent, or both, in the Sta im familiar with land accept the obt	ate of Florida. Such change	e was autho	rized by	the corporat	tion's board of directors. I hereby accept t	he appointment as re	gistered
SIGNATURE			NOTE B	atuus t Aasia	t con Stuffs revous	and when rance stores	DATE	
	Signature typed or printed name of registered		iNGTE Requ		t signature requir	red, when reunstating) ADDITIONS/CHANGES, TO OFFICE	DATE DIRECTO	DRS IN 12
12.	OFFICERS	agent and title of applicable AND DIRECTORS		stered Agen	t signature requir	ADDITIONS/CHANGES TO OFFICE		DRS IN 12
12.	OFFICERS D	AND DIRECTORS	.ETE	13.	t signature requi		CERS AND DIRECTO	
12. TITLE NAME	OFFICERS D LIMA, ALEXANDRE	AND DIRECTORS	.ETE	13. 11TITLE			CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE.	AND DIRECTORS	.ETE	13. 11 TITLE 12 NAME	ADDRESS		CERS AND DIRECTO	
12. TITLE NAME	OFFICERS D LIMA, ALEXANDRE	AND DIRECTORS	ETE	13. 11 TITLE 12 NAME 13 STREET	ADDRESS		CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE.	AND DIRECTORS DEL	ETE	13. 11TITLE 12 NAME 13 STREET 14 CITY-ST	ADDRESS		CERS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE. MIAMI FL 33173	AND DIRECTORS DEL	ETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY-ST	ADDRESS I-ZIP		CERS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE. MIAMI FL 33173	AND DIRECTORS DEL	ETE ETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME	ADDRESS 1-ZIP ADDRESS		CERS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE. MIAMI FL 33173	AND DIRECTORS DEL	ETE ETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME 23 STREET	ADDRESS 1-ZIP ADDRESS		CERS AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE. MIAMI FL 33173	AND DIRECTORS DEL 112	ETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME 23 STREET 24 CITY-S	ADDRESS 1-ZIP ADDRESS		CERS AND DIRECTO	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D LIMA, ALEXANDRE 7480 SW 107TH AVE., STE. MIAMI FL 33173	AND DIRECTORS DEL DEL	ETE ETE	13. 11 TITLE 12 NAME 13 STREET 14 CITY-S1 21 TITLE 22 NAME 23 STREET 24 CITY-S 3: TITLE 32 NAME 33 STREET 34 CITY-S 41 TITLE 42 NAME 43 STREET 44 CITY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		CERS AND DIRECTO Change Change	Addition Addition Addition Addition
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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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR