

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000026640 (7)

1. Corporation Name

MIKE'S IMPORT & EXPORT U.S.A., INC.



Principal Place of Business

15800 N.W. 39TH COURT  
OPA LOCKA FL 33054

Mailing Address

15800 N.W. 39TH COURT  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

65-0741956

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 15911 NW 39th COURT

Suite, Apt. #, etc.

22 City & State

23 OPA LOCKA FLORIDA

Zip

Country

24 33054

25 DADE

2a. Mailing Address

26 15911 NW 39th COURT

Suite, Apt. #, etc.

27 City & State

28 OPA LOCKA FLORIDA

Zip

Country

29 33054

30 DADE

9. Name and Address of Current Registered Agent

HUYSMAN, MICHEL ESQ  
2000 SOUTH DIXIE HWY  
SUITE 100  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

SYMEON STANFORD

82 Street Address (P.O. Box Number is Not Acceptable)

15911 NW 39th COURT

83

84 City

OPA LOCKA FLORIDA

FL

85

Zip Code  
33054

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or title if applicable

(NOTE - Registered Agent signature required when reinstating)

2/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STANFORD, SIMEAN  
STREET ADDRESS 15900 N.W. 39TH COURT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME SYMEON STANFORD  
1.3 STREET ADDRESS 15911 NW 39th COURT  
1.4 CITY-ST-ZIP OPA LOCKA FLORIDA 33054

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(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.

CR2E034 (10/97)