

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90241 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000026640**

1. Corporation Name

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

Principal Place of Business

15911 NW 39TH CT  
OPA LOCKA FL 33054  
US

Mailing Address

15911 NW 39TH CT  
OPA LOCKA FL 33054  
US

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 15911 NW 39th COURT**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 15911 NW 39th COURT**  
Suite, Apt. #, etc.

City & State

**23 OPALOCKA, FL**

City & State

**28 OPALOCKA, FL**

Zip Country

**24 33054**

**25**

Zip Country

**29 33054**

**30**

9. Name and Address of Current Registered Agent

**STANDARD, SYMEON**  
15911 NW 39TH CT  
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

**DEBORAH E. STANFORD**

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

**15911 NW 39th COURT**

83

**OPALOCKA, FL 33054**

84 City

**MIAMI**

**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 607.0505, Florida Statutes.

SIGNATURE

**DEBORAH E STANFORD**

**1-1-99**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **STANFORD, SYMEON**  
STREET ADDRESS **15911 NW 39TH CT**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DEBORAH E. STANFORD**  
1.3 STREET ADDRESS **15911 NW 39th COURT**  
1.4 CITY-ST-ZIP **OPALOCKA, FL 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, with all other like empowered.

SIGNATURE:

**DEBORAH E STANFORD**

**1-1-99**

**305 586-4256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)