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

**FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000031705 (1) B. & F. EXPORT, INC. Principal Place of Business Mailing Address 255 E FLAGLER ST. SUITE 220 255 E FLAGLER ST. SUITE 220 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a, Mailing Address Applied For 955 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 风 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent p. Name and Address of Current Registered Agent 81 Name PRATS, GABRIEL 151 MAJORACA AVE, SUITE C 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition TITLE CPTD DELETE Change BELO-OSORIO, BRUNO NAME 12 NAME **CR2E034** 255 E FLAGLER ST, SUITE 220 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZiP CITY-ST-7/P DELETE Change Addition TITLE 2.1 TITLE CAVALCANTI, FERNANDA L NAME 2.2 NAME 255 E FLAGLER ST, SUITE 220 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33131** 2. 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TIBLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition

6.1 TITLE

6.2 NAME

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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

MARUS GAVALGANTI

04/14/98

TITLE NAME

STREET ADORESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address.

lan

CITY-ST-ZIP