

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90048 004 \*\*\*150.00

DOCUMENT # P97000033560

1. Corporation Name

EBM SYSTEM EXPORT, INC.



Principal Place of Business

7367 N.W. 54TH STREET  
MIAMI FL 33166

Mailing Address

7367 N.W. 54TH STREET  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

65-0743791

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 5149 NW 74 Ave

2a. Mailing Address

26 4750 NW 102 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33166 25 Dade

Zip

29 33178 30 Dade

9. Name and Address of Current Registered Agent

VILLATE, FANNY L  
4112 SAPIRO HIRO TERRACE  
WESTON FL 33314

10. Name and Address of New Registered Agent

81 Name

Villate, Fanny

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

83

4750 NW 102 Ave # 202

84 City

Miami

FL

85 Zip Code

33178

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

Fanny Villate - President

2-8-99

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 PD  
STREET ADDRESS VALLIATE, FANNY L ;  
CITY-ST-ZIP 4112 SAPIRO HIRO TERRACE  
WESTON FL 33314

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS RODRIGUEZ, GABRIEL E ;  
CITY-ST-ZIP 4112 SAPIRO HIRO TERRACE  
WESTON FL 33314

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4750 NW 102 Ave #202  
1.4 CITY-ST-ZIP MIAMI FL 33178

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4750 NW 102 Ave #202  
2.4 CITY-ST-ZIP MIAMI FL 33178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

305 4184427

Daytime Phone #

CR2E034 (11/98)