

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

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000035629 (9)**

1. Corporation Name

CHARLES IMPORT-EXPORT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**14620 NW 5TH AVENUE
MIAMI FL 33168**

**14620 NW 5TH AVENUE
MIAMI FL 33168**

**800 N.E. 195 ST #709
MIA. FLA. 33179**

**P.O. Box 1134
MIA. FLA 33168**

2. Principal Place of Business

2a. Mailing Address

21 800 N.E. 195 ST #709

26 P.O. Box 1134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 709

27

City & State

City & State

23 MIA. FLA.

28 MIA FLA

Zip

Country

Zip

Country

24 33179

25 DADE

29 33168

30 DADE

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

Applied For

65-0847517

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

10. Name and Address of New Registered Agent

81 Name

GUY CHARLES

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

11758 NW 7TH AVE

83

84 City

MIAMI

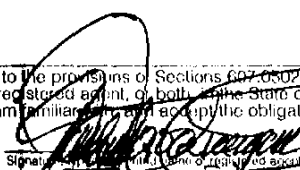
FL

85 Zip Code

33168

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



(NOTE: Registered Agent signature required when reinstating)

7/7/98

12. OFFICERS AND DIRECTORS

TITLE

☒ DELETE

NAME

PTD CHARLES, GUY

STREET ADDRESS

14620 NW 5TH AVENUE

CITY-ST-ZIP

MIAMI FL 33168

**800 N.E. 195 ST #709
MIA. FLA 33179**

TITLE

☐ DELETE

NAME

VSD ZIZI, MICHELNE

STREET ADDRESS

1120 NW 147TH STREET

CITY-ST-ZIP

MIAMI FL 33168

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

1.4 CITY-ST-ZIP

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

500002591655

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*****150.00**

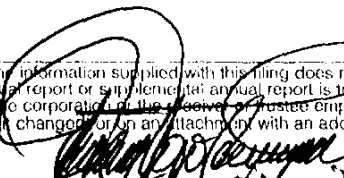
500002591655

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*****8.75**

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 person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13, changed or in an attachment with an address.

SIGNATURE:



7/7/98

CR2E034 (10/97)