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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

DOCUMENT # P97000035629 (9)

1. Corporation Name
CHARLES IMPORT-EXPORT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~14520 NW 5TH AVENUE~~ ~~MIAMI FL 33168~~ 800 N.E. 195 ST. #709 MIA. FLA. 33179	~~14520 NW 5TH AVENUE~~ ~~MIAMI FL 33168~~ P.O. Box 1134 MIA. FLA 33168

3. Date Incorporated or Qualified: 04/21/1997

2. Principal Place of Business	2a. Mailing Address
21 800 N.E 195 ST #709	26 P.O. Box 1134
Suite, Apt. #, etc. 22 709	Suite, Apt. #, etc. 27
City & State 23 MIA. FLA.	City & State 28 MIA FLA
Zip / Country 24 33179 / 25 DADE	Zip / Country 29 33168 / 30 DADE

4. FEI Number: 65-0847517 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TILLEM SCOTT E~~ 11758 NW 7TH AVE MIAMI FL 33168	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: [signature] 7/7/98
Signature of new registered agent (and name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES, GUY		1.2 NAME	
STREET ADDRESS	~~14520 NW 5TH AVENUE~~	800 N.E. 195 ST #709	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33168~~	MIA. FLA 33179	1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZIZI, MICHELINE		2.2 NAME	
STREET ADDRESS	1120 NW 147TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	500002591655
STREET ADDRESS			5.3 STREET ADDRESS	-07/17/98--01026--018
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	500002591655
STREET ADDRESS			6.3 STREET ADDRESS	-07/17/98--01026--017
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***8.75

CR2E034 (10/97)

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.

SIGNATURE: [signature] 7/7/98