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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9700036883 (1)

ONLY EXPORTERS, INC

Principal Place of Business Mailing Address				
25 S.E. 2ND AVE 25 S.E. 2ND AVE				
#201 MAMI FL 33131		#201 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE
MOMINIFE 33131		MIRMI IL SSISI		3. Date Incorporated or Qualified
				04/24/1997
2. Principal Place of Business 2e. Mailing Address				4. FEI Number Applied For
21		26		65-0747940 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	9	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes . No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	GA, JOSE M		J. Idame	
25 S.E. 2ND AVE 82 Street Address (P.O. Box Number is Not Acceptable)				
#201 MIAMI FL 33131 ¹				
MIN	WII FL 33131			
			84 City	FL 85 Zip Code
agent. I a	egistered agent, or both, in the state in familiar with, and accept the oblig	etions of Section 607.0505, F		poration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0/8/5.	DELETE	1.1 TITLE	☐ Change 🔀 Addition
NAME (GROISMAN, RUBEN DANIEL		1.2 NAME	
STREET ADDRESS	25 S.E. 2ND AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP	
TITLE		☐ DELFTE	2 1 TIFLE	☐ Change
NAME			2.2 NAME	Jose M. VE 64. 27 S.B. 2 Ave #201
STREET ADDRESS			2.3 STREET ADDRESS	Himi - FL - 33131
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	John January Carlotter
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	
TITLE		DELETE	41 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CTTY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELFTE	5.1 TITLE	Change Addition
NAME		Λ	5.2 NAME	
STREET ADDRESS		<i>[</i>]	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE) DECETE	6 1 TIFLE	☐ Change ☐ Addilion
NAME			62 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP	actify that the information supplied in	ith this filing does not mustiful	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or of Block 12 of	on this annual report or supplements director of the composition or the region or Block 13 if changes, or on appair	il annual report is true and ac siver or trustee empowered to chnient with an address.	curate and that my sign execute this report as	gnature shall have the same legal effect as if made under oath; that I am an a required by Chapter 607, Florida Statutes; and that my name appears in

CIONATURE.

Loss L. VEGA DIAGORON

4-27-98

305 JE39-9050

FILED

May 07 1998 8:00am

Secretary of State